



Annual Performance Report
(APR)
2002-2003

New Jersey Early Intervention System (NJEIS)

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Cluster Area CI: General Supervision

Federal Requirements that Address Compliance

20 USC §1232d (b) (3) GEPA requirements regarding methods of administering
20 USC §1232c State agency monitoring and enforcement
34 CFR §80.40(a) Monitoring and reporting program performance
34 CFR §303.501 Supervision and monitoring of programs
34 CFR §300.500-300.505 & 303.400-303.406 Procedural Safeguards
34 CFR §300.507-300.509 Impartial due process
34 CFR §300.506 Mediation
34 CFR §300.660-300.662 Complaint procedures
34 CFR §300.380-300.382 CSPD
34 CFR §300.136 Personnel standards
34 CFR §303.523 Interagency agreements
34 CFR §303.520-303.528 Policies and procedures related to financial matter

State Goal

The Lead Agency ensures effective general supervision of Part C of the Individuals with Disabilities Education Act (IDEA) in New Jersey through the utilization of mechanisms that result in all eligible infants and toddlers having an opportunity to receive early intervention services in natural environments.

OSEP Identified Area of Non-Compliance (2001 OSEP Monitoring Report)

Effective oversight and monitoring not implemented to ensure non-compliance is identified and corrective actions are made.

Performance Indicator GS.I

The general supervision instruments and procedures (including monitoring, complaint, and hearing resolution, etc.) used by the lead agency to identify and correct Part C IDEA noncompliance in a timely manner.

Performance Indicator GS.II

Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions.

1. Baseline/Trend Data

The 2001 OSEP Monitoring Report included the following statements:

- DHSS has not exercised its general supervisory authority to ensure compliance with the requirements of Part C. DHSS' failure to implement an effective system for monitoring that enables it to identify and to correct deficiencies has resulted in noncompliance across the State. OSEP's concerns regarding DHSS responsibilities in this area involve the implementation of a monitoring process that fails to identify noncompliance and failure to take steps to correct noncompliant practices.
- OSEP found evidence that the State's oversight system is not effective in correcting problems that are having a negative impact on services for children and families.

NJEIS Structure

- The New Jersey Department of Health and Senior Services (DHSS) is designated by the State of New Jersey as the lead agency for early intervention for children, birth to age three, with developmental delays/disabilities and their families. As such, DHSS is ultimately responsible for implementing its general supervisory authority to ensure the availability of appropriate early intervention services for eligible infants, toddlers and their families in accordance with the Part C requirements under IDEA.
- DHSS has a structure in place to support significant activities that promote the implementation and enhancement of the early intervention system. Through contract mechanisms, DHSS supports four Regional Early Intervention Collaboratives (REICs) that are responsible for local planning, development, and implementation of the early intervention system and for ensuring that families have a voice in decision-making on Regional Boards. All four REICs employ at least one full-time paid Family Support Coordinator position that is staffed by a parent of a child with a disability.
- The Procedural Safeguards Office was established in 1998 to ensure the effective implementation of procedural safeguards by each public agency and private provider in the state involved in the provision of early intervention services.
- Procedural safeguards are available to all families and are described in the booklet entitled "Family Rights in the New Jersey Early Intervention System".
- DHSS is committed to maximizing family involvement in each step of the New Jersey Early Intervention System (NJEIS). As part of ensuring parent involvement in decision-making and maintaining the partnerships so critical to the success of the program, DHSS highly recommends that all parties work together and use informal means to resolve disagreements that may arise. Parent liaisons are available through the Procedural Safeguards Office to advise parents of their rights under the Early Intervention System and help them understand the options available to them when disputes arise. Parents can work with staff from the REICs, service providers, and the system's parent liaisons to resolve concerns in an attempt to avoid formal procedures whenever possible. If the informal means do not resolve the concerns of the parties involved, DHSS offers multiple options for the formal resolution of disagreements. A family may request formal dispute resolution at any time, including mediation, due process hearing, or complaint investigation.

- The NJEIS has established and implements a monitoring system that identifies deficiencies in the system and ensures correction of those deficiencies in a timely manner through corrective actions, training, technical assistance, and enforcement. The established regional CSPD system provides ongoing and continued availability of targeted training and technical assistance to program administrators, service coordinators, and service providers to address areas in need of improvement as well as areas of noncompliance as identified through general supervision activities.
- Two years prior to OSEP's 2000 visit to the State, DHSS created an open, dynamic process to examine the strengths and weaknesses of the State's early intervention support system that resulted in a system improvement "blue-print" created by parents, advocacy groups, the State Interagency Coordinating Council, early intervention providers, case management units, and other State agencies. The blueprint contained 51 recommendations that were accepted and endorsed by DHSS and required lead agency structural modifications, improved interagency collaboration, and additional resource allocation.
- In the spring of 2002 NJEIS began actively pursuing a move to an electronic data system to replace the paper data collection system that has been used.

Monthly and Annual Data Management

- NJEIS has established two means to collect review and utilize data for general supervision. These means are designed to:
 - Ensure an unduplicated count for federal reporting;
 - Verify data;
 - Establish and utilize trend data for improvement planning; and
 - Identify issues and concerns for targeted actions.
- Monthly and annual data are presented throughout this report.
- NJEIS is under contract to develop and implement a new and expanded electronic data management system.
- Data is used to identify potential areas of non-compliance that are then targeted for follow-up by telephone, record submission or site visit.

1. Monthly Service Coordination Data Reports

- Every month each SCHS-Case Management Unit submits a standard service coordination data report to the REICs for aggregation and submission to the state. The information is reviewed at the regional and state level and issues are targeted for immediate response and resolution. Data include:
 - Referrals;
 - New and cumulative IFSPs;
 - Service Coordination Caseloads;
 - Forty-Five day timeline ;
 - Timely provision of IFSP services; and
 - Exiting Information

2. December 1 Annual IFSP Review and Data Collection

- Every year, the REICs conduct an audit of all children with IFSPs in connection with the December 1 Federal reporting requirements. Information is aggregated

by county and submitted to the state for the region. The information is compiled for December 1 reporting and reviewed at the regional and state level to target county, regional and state systemic trends and issues. Data include:

- Age at referral;
- Primary Diagnosis;
- Primary Referral Source;
- IFSP Service Hours by Type; and
- 45 day timeline

Targeted response to issues identified occurs as necessary, for example:

- During a December 1 record review problems were identified in Morris County regarding the relationship between early intervention agencies and local educational agencies. The Training and Technical Assistance Coordinator (TT&A) and the 619 Coordinator attended a county meeting of LEA special education directors. As a result, regular county networking meetings were scheduled to build and repair relationships and smooth transition.
- During a December 1 record review concerns were identified in Atlantic County regarding transition. The training and technical assistance coordinator met with the Atlantic County Special Child Health Services Case Management Unit to review the transition process and the roles and responsibilities of service coordination. Atlantic County service coordinators attended a meeting with the Atlantic County Supervisors of Child Study Teams and planned to meet with each district individually to solve problems/issues with each respective district.

State Record Review

- A state level record review activity was conducted to identify training and technical assistance needs and to pilot a targeted record review process for monitoring. A random selection of seventy-six records from each of the four regions was reviewed in April 2004.
- The records included children that were newly referred; in the system more than twelve months; and approaching transition at age three.
- The process included selecting areas for focused review, designing instruments to collect the data, training the record review team, conducting inter-rater reliability and review of records. Results of the record review are included throughout this report.

Informal Dispute Resolution

NJEIS' establishment of a Procedural Safeguards Office has assisted the system in ensuring that parents receive and understand their rights and have access to informal and formal dispute resolution as needed.

- **Regional response to parents**
 - Individuals from the REIC who respond to questions and issues/concerns of parents document these activities and submit such logs for review and analysis by the Procedural Safeguards Office. Each and every family call is followed up by REIC staff.
 - REIC staff informs parents of their right to file a request for formal dispute resolution at any time and ensure that all parents' questions and/or issues/concerns are addressed.

- Information for the time period of July 1, 2002 to December 30, 2003 follows:

Time Period	Questions	Issues/Concerns
July 1, 2002–December 30, 2002	149	206
January 1, 2003–June 30, 2003	235	293
July 1, 2003–December 30, 2003	215	263

- When completing these logs, staff from each REIC report parent calls by topic and by county. There was not consistent use of topical categories in reports across regions. However, individual REICs were able to identify particular counties and issues that needed focused attention through analysis of their region's data. In those instances, targeted response occurred to resolve the issue. For example:
 - The Mid-Jersey REIC noticed that in Ocean County parent calls with issues/concerns regarding delays in the provision of services after the IFSP was completed increased from seven (7) in July–December 2002 to nineteen (19) in January–June 2003. To respond to this, existing providers were asked to increase their caseloads and new vendors were added to the system. As a result, there were only two (2) calls from Ocean County parents from July–December 2003 addressing service delays.
 - The Mid-Jersey REIC noticed that in Somerset County there were sixteen (16) parent calls with questions and issues/concerns regarding delays in provision of services after IFSPs were completed in two consecutive time periods (July–December 2002 and January–June 2003). To respond to this, existing providers were asked to increase their caseloads and new vendors were added to the system. As a result, there were eight (8) calls from Somerset County parents from July–December 2003 asking questions or expressing concerns regarding service delays. The REIC and the county continued to increase vendor capacity.
 - In response to ninety-six (96) calls from parents during July–December 2002 in Bergen County regarding delayed or missed IFSP services, the Northeast REIC agreed to receive additional state funding and was able to employ and house a new service coordinator that worked directly with the Bergen County system point of entry. In addition, other administrative changes were made that resulted in decreases in parent calls to fifty (50) during January 2003 – June 2003 and to forty-five (45) during July–December 2003. The REIC and county continue to increase capacity as needed. All parent contacts received timely follow-up and resolution.
 - The Southern REIC Training and Technical Assistance Coordinator attended IFSP meetings of children with Autism Spectrum Disorders to address issues regarding writing comprehensive Individualized Family Service Plans.
 - The Southern REIC Training and Technical Assistance Coordinator provided in-service to an Early Intervention Program (Kingsway) regarding Procedural Safeguards. This was in response to several informal communications about an Early Intervention Program from parents to DHSS and the REIC.

- **State response to parents**

- The Procedural Safeguards Office and state designated parent liaisons respond to parent issues/concerns and document contacts on state logs for review and analysis.
- Parents who call are always advised of their right to file a request for formal dispute resolution at any time.
- All parent issues/concerns that are received by the Procedural Safeguards Office are addressed through corrective action and, as appropriate compensation to the family. For example: An EIP agency was unable to recruit for a speech and language pathologist vacancy. When brought to the attention of the regional and state office immediate activities included identification of existing or new agencies that could provide the service and an offer to compensate families for private therapists meeting state personnel requirements pending the location of a practitioner within the NJEIS. All families were resolved within reasonable timelines.
- A total of one-hundred and seventy-two (172) calls for the time period of July 1, 2002 to June 30, 2003 were resolved informally as follows:

Topics	Number of Calls
Provision of timely IFSP Services	104
Service Coordination/Referral	28
Transition	18
Family Cost Share	22

Formal Dispute Resolution

NJEIS received three (3) formal requests for dispute resolution during SFY 2003. The three requests included: one hearing, one mediation and one mediation/complaint. All three were related to delays in the provision of IFSP services and were resolved informally and withdrawn.

Self-Assessment

- **Process**

A revised self-assessment process was initiated for all providers in SFY 2002. This process requires analysis of data, observations, interviews, etc. The self assessment procedures include:

- Effective February 1, 2002, every provider agency submits a standardized self-assessment report on February and August 1 of each SFY.
- Self-assessment includes that an administrator or supervisor conduct a minimum of two record reviews and two direct service observation per month for each agency in each region where services are provided. Record reviews include areas to identify non-compliance including items such as presence of consent and written notice.
- The REIC reviews and responds to each provider's self-assessment within sixty days of receipt.
- Subsequent to that, REICs are responsible for requesting and following-up on corrective action for any areas of non-compliance and/or improvement plans with

provider agencies in their region. Corrective action plans are targeted to correct non-compliance.

- During SFY 2002 the lead agency initiated using a uniformed improvement plan process and forms for both the Comprehensive System of Personnel Development (CSPD) plan and corrective action plans resulting from concerns identified through self-assessment or through complaints and administrative hearing decisions.

- **SFY 2002 Self-Assessment Data**

- For the state fiscal year 2003, sixty-three providers in the system completed and submitted self-assessments for the time period July 1, 2002 to December 31, 2002. Fifty-seven were submitted for the time period January 1, 2003 to June 30, 2003.
- The REICs reviewed these self-assessments and responded individually to programs by assisting them in developing improvement strategies, tracking improvement, and providing targeted technical assistance.
- In general, all programs were able to identify strengths. By the limited self-reporting of weaknesses, it appears as if agencies have a more difficult time critically evaluating their areas of weakness. Sometimes agency weaknesses were identified but there was no plan for corrective action.
- The REICs use a number of strategies on an ongoing basis across regions to address all issues that arise from self-assessments and throughout the year. These include:
 - Conducting monthly provider and county meetings;
 - Conducting numerous training activities based on targeted needs;
 - Offering ongoing and targeted technical assistance and support;
 - Sharing materials/tools from programs that may be helpful to other programs with needs in those areas; and
 - As needed, meeting with individual programs to assist in overall program/staff development.

The chart below depicts the areas of concerns most often identified in 2003 REIC self-assessments review and provides examples of strategies used to address concerns and issues. Each REIC tracked progress to ensure that issues were resolved by individual programs.

Areas Needing Improvement in 2003	REIC Strategies to Assist Programs
Transition from Part C to preschool including collaboration between Part B and Part C	<ul style="list-style-type: none"> • Offered programs assistance in working with local school districts; • Sponsored joint meetings between Part C and B staff to improve understanding and communication; • Assisted in assignment of specific LEA catchment areas to specific service coordinators; • Conducted transition planning workshops; and • Facilitated County Transition Task Forces that helped to serve as a link between Service Coordinator and local Child Study Teams.

Areas Needing Improvement in 2003	REIC Strategies to Assist Programs
Explanation of parent rights to families and documenting these activities are occurring.	<ul style="list-style-type: none"> • Collection and review of agencies' documentation of parental rights discussions with families and assisting them individually with improving them; and • Conducting meetings to work on this issue.
<p>Collaboration within the community to maximize opportunities for services to be implemented in community settings which fit child/families routines, schedules.</p> <p>Community Collaboration (continued)</p>	<ul style="list-style-type: none"> • Addition of community members on county family support teams; • Increasing the number of child care providers on REIC boards of trustees; • Arranging presentations from community members, including Division of Youth & Family Services (DYFS), Commission for the Blind, Maternal & Child Health, etc. for EI providers; • Development of a presentation on child development and early intervention which has been presented to Early Head Start/Head Start and has increased referrals from the programs to EI and offered service sites for children; • Developing partnerships with several community health clinics in inner city areas that have provided new linkages for families, SC and EI providers; • Reaching out to the faith based organizations and developing linkages for local SC and EI programs; and • Development and dissemination of "Special Needs, Successful Inclusion- A Guide to Including Children with Special Needs in Community Programs". The dissemination of this guide led to other service sites for EI service provision and opened up some child care sites for children with special needs.
Recruitment and retention of personnel	<ul style="list-style-type: none"> • Established a committee that completed a regional survey of all service coordinators. Survey included recommendations and strategies for employee retention which were shared with all unit coordinators; and • A recruitment page for the regional websites is also being designed.
Development of effective IFSPs that respond to individual child and family needs	<ul style="list-style-type: none"> • Developed and conducted a training module for program administrators and other staff; • Provision of program-specific TA sessions to assist with IFSP documentation; • Conducted workshops by county regarding Developmental Intervention and Discipline-specific therapy; • Review of oral motor feeding working guidelines; • Conducted workshop to review state Autism Guidelines; and presented workshop regarding

Areas Needing Improvement in 2003	REIC Strategies to Assist Programs
	Evaluation/ Assessment for Children with Autism.
Timeliness of service delivery	<ul style="list-style-type: none"> Contracted with vendors to support additional service needs in region; and Hired 2 service coordinators to support a specific CMS Unit based on a need identified.
Increased provision of family supports and documentation of supports given	<ul style="list-style-type: none"> Including family support recommendations in REIC reports; and Provision of agency-specific, county and regional TA by the state Director of Family Support.
Communication between SCHS and EIP	<ul style="list-style-type: none"> REIC facilitation of numerous meetings between SCHS and EIP's at county and regional level; and REIC attendance at individual service coordinator staff meetings to review specific topics.

2. Targets (July 1, 2002 – June 30, 2003)

- In response to the OSEP Federal Monitoring Report and Quality Assurance Task Force (QATF) recommendations to strengthen the general supervision infrastructure, the lead agency will designate a position as a Quality Assurance Coordinator which has direct responsibility for monitoring and system evaluation.
- During State Fiscal Years (SFY) 2002 and 2003, four new positions will be budgeted and filled including two additional Program Project Officers, one Financial Project Officer, and one Autism Project Specialist.
- During SFY 2003, an additional Program Project officer will be proposed to provide one per region.
- By July 1, 2002, the roles and responsibilities of the REIC will be redefined under contract with DHSS shifting lead responsibility for monitoring to the state.
- State Procedural Safeguards Guidelines, the state Parent Rights booklet and the accompanying forms and explanatory documents will be revised and disseminated by June 2003.
- Three sets of training materials will be developed for procedural safeguards training to include: two day training for evaluation teams, service coordinators and EIP administrators, one day training for service coordinators and ½ day training for parents.
- The established regional CSPD system will continue to provide ongoing targeted training and technical assistance to program administrators, service coordinators, and service providers to address areas in need of improvement as well as areas of noncompliance as identified through general supervision activities.
- NJEIS will review recommendations and best practices from the National Center for Special Education Accountability and Monitoring (NCSEAM) and incorporate these into the NJEIS general supervision system as appropriate.
- NJEIS will continue twice per year meetings of the Steering Committee and submission of updates to the NJEIS Improvement Plan to OSEP.

3. Explanation of Progress or Slippage (July 1, 2002 – June 30, 2003)

- By July 1, 2002, the roles and responsibilities of the REIC were redefined under contract with DHSS shifting lead responsibility for monitoring to the state.
- Revised State Procedural Safeguards Guidelines, Parent Rights Booklet and accompanying logs and forms were completed with the assistance of a short-term workgroup which met a number of times from January to April 2003. Revisions were made based on the workgroup's recommendations and the documents were disseminated and posted on the early intervention website June 30, 2003.
- A short-term workgroup met several times from April-May 2003 and reviewed and revised existing procedural safeguards training packages for use in regional trainings. The three packages were finalized and pilot training began by June 30, 2003.
- NJEIS has noted through self-assessment that some provider agencies identified the need to improve explanation and documentation of parent rights. In addition to targeted regional training and technical assistance, the NJEIS revised state notice and consent documents including the IFSP consent page and family participation policy and procedures to include documentation that parent rights are received and explained.

4. Projected Targets (July 1, 2003 – June 30, 2004)

- NJEIS will prepare and ensure promulgation of state regulations for the Early Intervention System by January 2005.
- NJEIS will revise Early Intervention Policies and Procedures by January 2005.
- NJEIS will finalize procedures and begin implementation of focused on-site monitoring that includes review of data in the targeted area such as informal and formal disputes, family surveys, corrective actions, improvement plan activities and other information available through the Central Management Office (CMO).
- NJEIS will pilot a sample record review process to focus on targeted areas such as parent rights and transition.
- NJEIS will revise and implement state procedures for ensuring tracking of corrective action plans that result from formal or informal complaint investigations. These new procedures, designed to ensure enforcement, will include a state project officer responsible for developing and monitoring the plan according to the specific timelines established for correction. New procedures will be implemented as of February 2004.
- Reports on informal and formal disputes will be generated monthly from the Procedural Safeguards Office and distributed to CSPD, Quality Assurance, REICs, etc to ensure timely and appropriate response to issues.
- NJEIS will continue to ensure training on procedural safeguards for families, provider agencies and practitioners. These are scheduled regionally throughout the state on an ongoing basis.

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
A regulations stakeholder workgroup will be established and meetings conducted to assist the NJEIS in the development of state regulations.	May 2004 and ongoing until publication of regulations Procedural Safeguards Coordinator Part C Coordinator
NJEIS policy and procedures will be reviewed and revised as necessary in accordance with the development of regulations.	January 2004 and ongoing Procedural safeguards Coordinator Part C Coordinator Consultants
Procedures for onsite focused monitoring will be developed including the tracking of improvement and corrective action plans.	April 2004 DHSS staff in collaboration with NJDOE-OSEP
The first targeted area for focus will be selected and sites identified.	June 2004 DHSS staff and onsite monitoring team
Three onsite focused visits will be completed, reports written and, as appropriate, improvement/corrective action plans will be finalized. NJEIS review and analysis of data will point to the areas/agencies requiring focused monitoring.	December 2004 DHSS-EIS
Design and implement a pilot sample record review process that targets focused areas including parent receipt and explanation of rights.	NJEIS ongoing

Performance Indicator GS.III:

Complaint investigations, mediations, and due process hearings and reviews are completed in a timely manner.

1. Baseline/Trend Data

- There were 3 formal disputes filed in SFY'03. The three requests included: one hearing (resolved prior to the 45 day timeline), one mediation and one mediation/complaint (resolved within the 60 day timeline). All three were related to delays in the provision of IFSP services and were resolved informally and withdrawn.
- A decision to recruit a new Procedural Safeguards Coordinator included a change in classification to require that the position be filled with an attorney. Under the new Procedural Safeguards Coordinator all policies and procedures are being reviewed from a legal perspective in preparation for the development of early intervention regulations.

2. Targets (July 1, 2002 – June 30, 2003)

- NJEIS will revise the procedural safeguards guidelines document to include a description of parent rights, and policies and procedures for the resolution of formal disputes including administrative complaints, mediation and impartial due process hearings.
- NJEIS will revise procedural safeguards training format and procedures.
- NJEIS will identify systemic issues through by reviewing the procedural safeguards data base of informal contacts and formal complaints.

3. Explanation of Progress or Slippage (July 1, 2002 – June 30, 2003)

- A procedural safeguards workgroup met from March – June 2003 to assist the lead agency in completion of the revision of the procedural safeguards guidelines and forms for requesting dispute resolution. The workgroup was composed of members of NJEIS hearing panels, parents, providers, REIC representatives, the NJ PTI (SPAN) and the NJ Protection and Advocacy System (NJP&A). The revised NJEIS Procedural Safeguards Guidelines and the revised request for dispute resolution form were completed and released statewide in June 2003.
- Revised procedural safeguards training format and procedures were completed by June 2003 and contracts with SPAN and NJP&A and the Boggs Center were completed to assist the state in providing training.

4. Projected Targets (July 1, 2003 – June 30, 2004)

- NJ will revise the procedural safeguards database and documentation procedures to ensure that data regarding resolutions to formal and informal issues/complaints from families are reported consistently statewide.
- NJ will conduct a review and analysis of the procedural safeguards data base on a monthly basis. Information will be shared with state entities including CSPD, REICs, county units and provider agencies, as necessary to facilitate systematic training and technical assistance.
- The Procedural Safeguards office will continue to provide procedural safeguards training on a regional basis to parents and providers.

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
NJEIS will develop and utilize a revised database tracking system for use by REICs, the Parent Liaisons, and the Procedural Safeguards Office to document informal and formal communications from parents by telephone, emails and/or written letters. The tool will track date of request, issues, resolutions, and timelines by county. The database will provide for unique identifiers	May 2004 and ongoing Procedural Safeguards Office

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
that track when informal concerns become requests for formal dispute resolution.	
NJEIS will establish a list of issue categories for statewide reporting of informal and formal disputes to ensure county/regional/statewide systemic response to issues as necessary.	August 2004 Procedural Safeguards Office
Reports will be generated monthly from the Procedural Safeguards Office and distributed to CSPD, Quality Assurance, REICs, etc to ensure timely systematic respond to systemic issues.	November 2004 Procedural Safeguards Office
NJEIS will review and revise, as needed, the Procedural Safeguards Guidelines.	June 2006 Procedural Safeguards Office
Procedural Safeguards Office will report quarterly to the SICC on informal and formal complaints and resulting system responses.	Ongoing Procedural Safeguards Office
Based upon evaluations and other factors, the NJEIS will revise the procedural safeguards training format and materials.	June 2005 Procedural Safeguards Office
NJ will draft revisions (format and language) of the existing Parent Rights document to make it more “user- friendly” and similar to the Part B format.	October 2004 Procedural Safeguards Office

Performance Indicator GS.IV

There are sufficient numbers of administrators, service coordinators, service providers, including paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.

1. Baseline/Trend Data

The 2001 OSEP Monitoring Report included the following statements

- Another factor that appears to limit the identification of all needed services by IFSP teams is lack of adequate personnel. Conclusion based on interviews in three regions that reported:
 - One Regional Early Intervention Collaborative reported that 90% of the intervention administrators indicated difficulty with recruiting and retaining early intervention staff;
 - Occupational, physical and speech therapy positions were the most difficult to fill;

- Difficulty locating providers who have experience working in early intervention;
- Recruitment and retention problems were attributed to low salaries, lack of a qualified pool of candidates, and travel requirements to ensure children are served in natural environments.
- Staff shortages for children with hearing or visual impairments are occurring in certain areas of the State as reported by a State Task Force.

New Jersey's Comprehensive System of Personnel Development (CSPD)

In New Jersey the CSPD is designed as a statewide network of regional training and technical assistance coordinators (T&TA) who work at the regional/local provider level under the guidance of the REICs and state CSPD Coordinator.

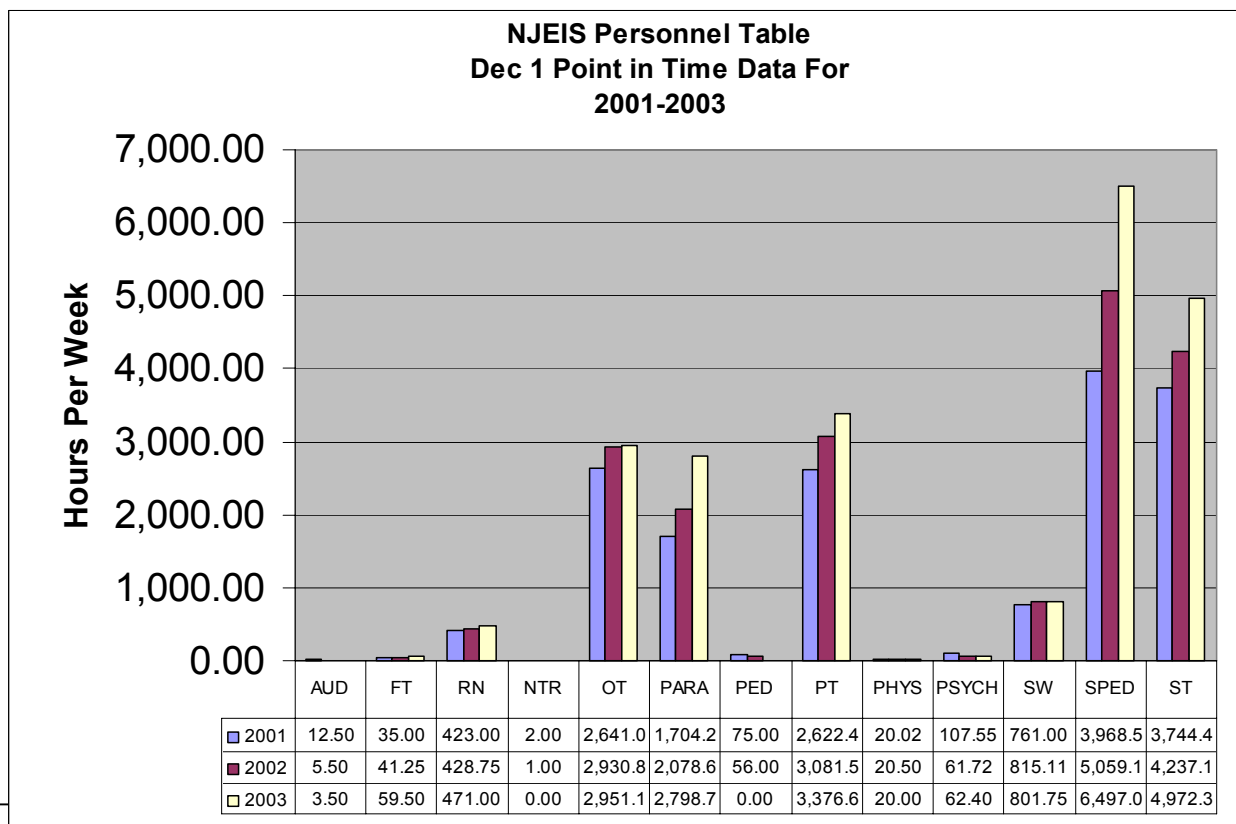
- The goal of the CSPD System for early intervention is to enable infants and toddlers with special needs and their families to participate in high quality early intervention services by ensuring that services are provided by qualified, competent personnel in all disciplines listed in Part C of IDEA. The system utilizes current guiding principles and best practice in the field of early intervention, family-centered practices, adult learning, and behavior change in the development, implementation and assessment of materials and learning opportunities.
- CSPD works on behalf of NJEIS to promote staff recruitment, preparation, qualification, support, and retention in order to assure an adequate supply of qualified, capable and skilled early intervention personnel.
- The CSPD team creates, provides, and coordinates training and technical assistance opportunities in the field of early intervention so that participants can learn new information, acquire new and advanced skills, and internalize best practice philosophy, resulting in quality services for children and families.
- The four REIC T&TA Coordinators provide technical assistance and in-service training, including activities such as site-specific monitoring/needs assessment, on-site technical assistance and training, regional networking meetings, and information dissemination products.
- CSPD provides training for a variety of personnel, including: public and private providers, primary referral sources, paraprofessionals, and personnel who serve as service coordinators. It ensures that training relates specifically to understanding the basic components of early intervention services, the federal Part C requirements, and how to coordinate transition services for infants and toddlers with disabilities from early intervention to a preschool program under Part B of IDEA or to other early childhood services.
- Each individual working in NJEIS must complete a two-day orientation provided by the regional training teams. During SFY 03, 277 individuals completed the two-day orientation.
- Training events are interdisciplinary, featuring information and skills relevant to early intervention providers across disciplines. Parent participation, both as trainers and trainees, is strongly supported and encouraged.
- NJEIS is developing and implementing innovative ways of providing training and technical assistance that is intended to result in change in behavior and practice. This includes competency based training using self study and agency implemented learning modules.

New Jersey Personnel Standards

- New Jersey established, maintains, and monitors standards for all early intervention personnel, requiring educational background and licensure as appropriate for each discipline in the state, specifically audiologists, behavior specialists, child development specialists, child development associates, interpreters for the deaf, optometrists, nurses, physicians, occupational therapists, physical therapists, speech-language pathologists, social workers, special educators, psychologists, nutritionists, and family therapists.
- NJEIS trained 101 paraprofessionals statewide to work with children with autism as a result of specific funding designated from the state government
- A Training and Technical Assistance Resource Library is housed at each REIC and is available to all early intervention personnel and families.

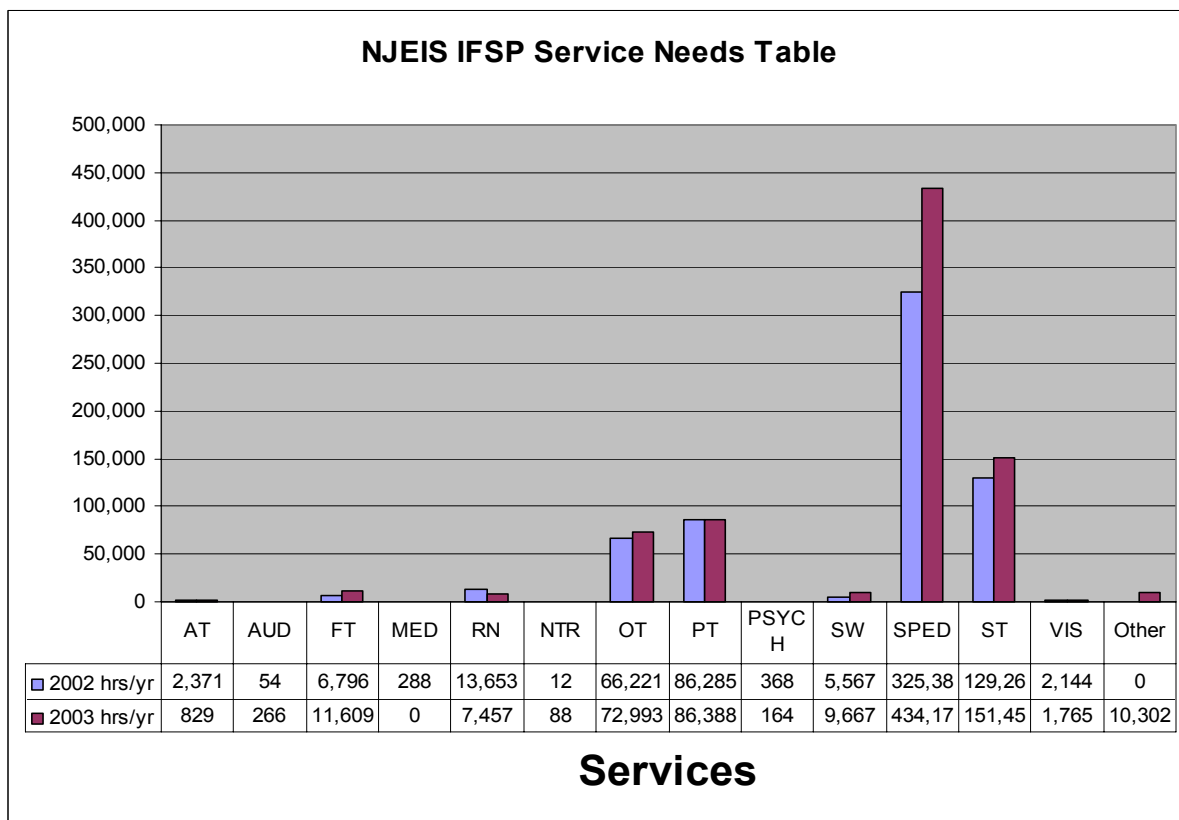
Personnel Table

- This table represents a count of all personnel available to provide early intervention services as of December 1 of each year reported.
- The information is obtained by the state in writing from each early intervention provider agency through submission of a Table 5 Personnel form.
- The data identifies the type of personnel and number of hours per week employed and contracted to provide early intervention services .
- The data is used to report the number of full time equivalents to the US Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs for the December 1 Table 5.



IFSP Service Needs Table

- The table below provides data on the number of hours per week, by service type, identified as needed on IFSPs obtained through a December 1, 2002 and 2003 audit.
- The data illustrates that a growth in the hours identified as needed on IFSPs relates to the growth in personnel hours available on the Personnel table above. These two tables demonstrate that as service needs increased in particular service areas, the NJEIS has been able to build personnel capacity to meet the needs.
- NJEIS experienced growth in most types of personnel each year with the exception of audiologists, nutritionists, and pediatricians. Audiologists, nutritionists and pediatricians are identified and used on a as needed basis and not generally reported as employees or contracted personnel at a point in time.



2. Targets (July 1, 2002 – June 30, 2003)

- In the fall of 2002, NJEIS will complete a Cost and Time Study to determine rates for early intervention services. Rates will be needed for the implementation of a fee for service system that will become effective July 1, 2003.
- The state, with the assistance of the REICs, will recruit and contract with new provider agencies interested in providing early intervention services.

- NJEIS personnel standards will be expanded to include Behavioral Specialists, Service Coordinator Associates, and NJ Early Childhood Certification.
- In order to increase retention of personnel, by June 2003 regional incentives will be created and utilized.
- There will be an increase in availability of trained paraprofessionals to provide direct services to children with Autism Spectrum Disorders.
- A full-time Autism Project Specialist will be employed by DHSS.
- The Autism Project Specialist will provide ongoing, regularly scheduled and as needed technical assistance to IFSP teams regarding nationally identified best practice parameters for children with an autism spectrum disorder.
- The Autism Project Specialist will provide local, regional and state level training on issues related to serving children with an autism spectrum disorder.
- By spring 2003, NJ will develop competencies as a basis for orientation training for early intervention personnel.
- By spring 2003, NJ will design case logic and indicator models as the foundation of an evaluation plan to collect data on the implementation of the service coordination training materials.
- The lead agency and regions will implement recruitment activities to ensure the availability of adequate numbers of early intervention personnel.

3. Explanation of Progress or Slippage (July 1, 2002 –June 30, 2003)

- NJEIS established statewide rates for implementation of a fee for service system effective July 1, 2003.
- A total of thirty-four new provider agencies contracted to provide early intervention services, increasing the capacity of the state to ensure the provision of needed IFSP services.
- New Jersey Early Intervention System (NJEIS) personnel standards were expanded to include Behavioral Specialists, Service Coordinator Associates, and NJ Early Childhood Certification.
- In spring 2003, 500 flyers were distributed by NJEIS' largest provider agency at the NJ Speech and Hearing Association annual conference. This activity will continue annually.
- In 2002, 101 paraprofessionals were recruited and trained to work with children with autism.
- In June 2002, a full-time Autism Project Specialist was employed by DHSS.
- During the 02-03 year the Autism Project Specialist attended 10 IFSP meetings of children with autism to monitor team compliance with individualization of IFSP development and consideration of best practice parameters in IFSP development
- During the 02-03 year 578 persons were trained on the content and best practice parameters put forth in the Service Guidelines for Children with Autism Spectrum Disorders. The 578 included Service coordination units, system providers, regional collaborative staff, community advocacy groups, families and state employees.
- By June 2003, regional incentives were in place to facilitate retention by recognizing exemplary performance of early intervention providers and service coordinators.
- CSPD designed a Competency-Based Orientation System (CBOS) for all newly hired early intervention personnel. It is based on the premise that the highest quality early

intervention services and service coordination will be provided by professionals who have achieved an acceptable level of competence as measured by the NJEIS Service Coordinator and Service Provider Competencies. Research on adult learning and behavior change provides guidance on what types of training and learning opportunities will lead to targeted changes in skills, attitudes, and knowledge. Current research-based approaches for training and materials development are utilized to fit with approved competencies.

- The framework for the CBOS includes:
 - A grid to match specific competencies and learning outcomes with learning opportunities and training methods;
 - Workbooks;
 - Guided mentoring and supervision;
 - Web-based courses;
 - Traditional face-to-face training approach; and
 - A three component evaluation that includes validity, accountability and continuous improvement.
- By June 2003, sixty service provider competencies and sixty one service coordinator competencies were created, reviewed by the competency stakeholder task force and adopted. To facilitate understanding of the competencies and to help operationalize them, two different levels of examples were included. The first considers what is expected in a candidate at hiring and the second considers what is expected from personnel that have completed the NJEIS orientation.
- By June 2003, NJ designed case logic and indicator models as the foundation of an evaluation plan to collect data on the implementation of the service coordination training materials.
- Examples of regional recruitment activities include:
 - based upon a flyer distributed region wide, potential providers, including agencies, vendors and individuals contact the regional office for information on how to apply if they want to participate as a provider in NJEIS
 - individual provider resumes are broadcast faxed out to programs in the counties where people want to provide services; and
 - Individuals are provided with contact phone information for potential employment opportunities.

4. Projected Targets (July 1, 2003 – June 30, 2004)

- NJEIS will continue to recruit new provider agencies through an expansion of service vendor contracts to increase the capacity to meet service needs with a focus on speech/language, autism and low incidence services.
- NJEIS practitioners will increase knowledge and skills related to children with autism spectrum disorders and their families including early identification, appropriate assessment protocols and intervention strategies as measured by pre and post data points.
- Regional incentives will continue to facilitate retention by recognizing exemplary performance of early intervention providers and service coordinators.

- NJEIS will continue to identify and address personnel needs through the CSPD system in order to ensure the provision of quality services.
- By June 2004, fifteen service coordinators will receive and begin the learning opportunity activities for the CBOS.
- CBOS learning opportunities will be field-tested and implemented with all newly hired personnel. It is expected that personnel will complete all of the CBOS learning opportunities within one year of beginning work in the NJEIS. The initial phase will be implemented with service coordinators followed by service providers.
- CBOS evaluation plan will be designed and data collection strategies will be identified.

<p>5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing</p>	<p>6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing</p>
New Jersey Early Intervention System (NJEIS) personnel standards will be expanded and/or revised to include Child Development Associate, Interpreter for the Deaf, and Optometrist.	Lead agency will submit these changes with the 2003 federal application.
The REIC website (NJEIS.org) will have recruitment information.	October 2004 REIC Directors
The autism project specialist will review and monitor for completeness and appropriateness, all “justifications for services above 20 hours” and will provide written or verbal technical assistance to individual teams as needed.	July 2003 and ongoing Autism Project Specialist
The Autism Project Specialist will continue to consult with teams prior to and/or attending IFSP meetings regarding procedures related to the NJEIS <u>Service Guidelines for Children with Autism Spectrum Disorders</u> .	July 2003 and ongoing Autism Project Specialist
Targeted evaluation team members will receive 6 hours of training and technical assistance on evaluating and assessing a child when Autism is present or suspected.	July 2003 and ongoing Autism Project Specialist
Service coordinators will receive training on autism spectrum disorders	July 2003 and ongoing Autism Project Specialist
Observation learning opportunity activity will be implemented in all 21 SCHS units.	BY December 2003 CSPD Project Specialists Regional T/TA SCHS-CMU Unit Coordinators
The Self-study learning opportunity module will be implemented in all 21 SCHS	By May 2004 CSPD Project Specialists

<p>5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing</p>	<p>6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing</p>
units.	SCHS-CMU Unit Coordinators
The resource notebook will be printed and distributed to all provider agencies and SCHS units.	August 2004 CSPD Project Specialists
Continue to ensure the development and implementation of training activities that include and are for families.	Ongoing CSPD Team Regional Family Support Coordinators
Implement Rubric Self-Assessment Activity in all 21 SCHS units.	By September 2004 CSPD Team SCHS-CMUs
Implement Guided Supervision in all 21 SCHS Case Management Units.	By June 2005 CSPD Project Specialists SCHS-CMU Unit Coordinators Orientees supervisors
Revise face-to-face orientation to early intervention and implement pilot of new training.	September 2004 CSPD Team
Develop and implement new face-to-face training for service providers on intervention strategies.	By December 2004 CSPD Team
Implement self-study learning opportunity with providers.	By November 2004 CSPD Project Specialists SCHS-CMU Unit Coordinators
Implement observation learning opportunity with providers.	By January 2005 CSPD Project Specialists Regional T/TA, SCHS-CMU Unit Coordinators
Implement rubric self-assessment activity with providers.	By December 2004 CSPD Team EIP Provider Agencies
Implement guided supervision with service providers.	By March 2005 CSPD Project Specialists SCHS-CMU Unit Coordinators Orientee's supervisors
The largest provider agency in the state will recruit speech language pathologists at the NJ Speech and Hearing Association annual conference.	By spring 2004 EI Provider Agency
NJ will advertise for discipline specific personnel through professional journals in their publications.	Spring 2004 DHSS

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
DHSS will continue to support and participate in the National Infant & Toddler Child Care Initiative at Zero to Three spearheaded by the NJ Department of Human Services.	Ongoing until September 2004 DHSS DHS
DHSS will continue to participate in a statewide initiative with the Child Care Professional Development Center, IHEs, Head Start, and child care administrators to develop a credentialing system for infant toddler caregivers.	Ongoing through June 2005 DHSS
Design CBOS evaluation plan.	June 2004 CSPD Project Specialists and CSPD Coordinator.
Identify CBOS data collection strategies.	June 2004 CSPD Project Specialists and CSPD Coordinator.

Performance Indicator GS.V

State Part C procedures and practices ensure collection and reporting of accurate and timely data.

1. Baseline/Trend Data

- NJEIS has used a monthly and annual paper data collection system and began actively pursuing a move to an electronic data system in the spring of 2002.
- The paper data management included two primary two means to collect review and utilize data for general supervision. These means are designed to:
 - Ensure an unduplicated count for federal reporting;
 - Verify data;
 - Establish and utilize trend data for improvement planning; and
 - Identify issues and concerns for targeted actions.
- Monthly and annual data are presented throughout this report from:
 1. Monthly Service Coordination Data Reports
 - Every month each SCHS-Case Management Unit submits a standard service coordination data report to the REICs for aggregation and submission to the state. The information is reviewed at the regional and state level and issues are targeted for immediate response and resolution. Data include:
 - Referrals;
 - New and cumulative IFSPs;
 - Service Coordination Caseloads;
 - Forty-Five day timeline;

- Timely provision of IFSP services; and
 - Exiting Information
2. December 1 Annual IFSP Review and Data Collection
- Every year, the REICs conduct an audit of all children with IFSPs in connection with the December 1 Federal reporting requirements. Information is aggregated by county and submitted to the state for the region. The information is compiled for December 1 reporting and reviewed at the regional and state level to target county, regional and state systemic trends and issues. Data include:
 - Age at referral;
 - Primary Diagnosis;
 - Primary Referral Source;
 - IFSP Service Hours by Type; and
 - 45 day timeline

Electronic Central Data System

- NJEIS is under contract to develop and implement a new and expanded electronic data management system.
- The central data system is being designed to:
 - Bring together demographic, service, and claims/reimbursement information for the full population of children and families in NJEIS.
 - Enhance quality assurance by providing data key to outcome analysis.
 - Provide data for service analysis including planned and delivered services by type and location.
 - Ensure that all practitioners are enrolled and meet the personnel requirements of the NJEIS.
 - Collect transition data by Local School District
 - Provide monthly explanation of benefits to families that will assist in verifying that services were delivered.

2. Targets (July 1, 2002 – June 30, 2003)

- Ensure continued consistency and accuracy in data entry and reporting during SFY2003 and in subsequent reporting periods.
- An electronic software application, Factors, will be implemented to electronically collect data for self-assessment, monitoring and system evaluation in collaboration with One Ease-E Link, a state data initiative.

3. Explanation of Progress or Slippage (July 1, 2002 – June 30, 2003)

One Ease-E Link (OEL)

- OEL was designed to implement benefits screening and data sharing using two primary software applications collaboratively across the Departments of Human Services, Labor and DHSS. The two software applications were Helpworks, a benefit screening application and Factors, a case management database.
- The Department of Human Service, as lead agency on the OEL initiative, directed their resources into the development and implementation of county OEL Collaboratives and

Helpworks. DHSS directed their initiative to develop and implement Factors beginning in SFY 2000.

- During SFY 2003, the NJEIS began to explore other options for an electronic management information system after significant challenges delayed implementation and use of data that had been entered into Factors.
- By spring 2003, the Department of Human Services had reviewed OEL and, in collaboration with the DHSS decided to abandon support of Factors and revisit the use of Helpworks as the benefit screening software that would be used to support New Jersey's OEL initiative.
- NJEIS developed a request for proposal to develop and implement a Central Management Office based on the Indiana early intervention system.
- NJEIS contacted the Part C Coordinator in Indiana and began negotiations on obtaining a license agreement for their System Point of Entry (SPOE) Software.

4. Projected Targets (July 1, 2003 - June 30, 2004)

- The Central Management Office RFP will be released in July 2003 with contract award expected in January 2004.
- By June 30, 2004 an expanded electronic management information system will be designed and implemented for the Early Intervention System and will include a child-specific database using CMO software. The data-base will expand and replace the paper collection system currently in place and will improve timely access to data. This will provide aggregated data that will be reviewed on an established schedule by various components of the system (REICs, lead agency, programs, and service coordinators). The data-base will provide information on demographics, timelines, referrals, evaluation, service encounters, IFSPs, transition, etc.
- A Central Management Office (CMO) will be designed to:
 - Establish a comprehensive data system that provides short and long term financial projections on the cost of early intervention services, actual utilization of services versus planned or anticipated use, and monitors statewide utilization and equity;
 - Increase accountability by establishing data triggers on performance indicators and benchmarks as criteria for monitoring;
 - Maximize funding streams;
 - Allow time and efforts of family members and providers to be focused on service provision rather than on funding issues by consolidating funding under a pay and chase system of payment;
 - Ensure timely reimbursement to providers;
 - Ensure the timely provision of services to eligible children and their family;
 - Meet the financial and data reporting needs of various federal, state, and local fund sources and avoid duplication of effort to collect, maintain and report relevant data;
 - Monitor and manage the level of early intervention resources so as not to exceed availability;
 - Provide on-line access to information using appropriate safeguards to ensure the rights of the child and family;
 - Maximize provider involvement and options through consolidated and streamlined enrollment and tracking of credential personnel; and

- Incorporate the Individualized Family Service Plan (IFSP) as the document that establishes need, and authorizes payment for services for eligible children and their families.
- Baseline data will be available by June 30, 2004 providing aggregated data reviewed on an established schedule by various components of the system.

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
A software license agreement will be finalized with the State of Indiana.	July 2003 DHSS First Steps-Indiana Department of Treasury
An RFP will be released to solicit bid for an electronic management information system for NJEIS.	July 2003 DHSS Department of Treasury
A Bidders conference will be held on the RFP.	August 2003 DHSS Department of Treasury
An RFP evaluation team will complete a review and submit an evaluation on bids submitted and accepted.	November 2003 DHSS Department of Treasury
An award will be finalized and issued for the electronic management office.	December 2003 Department of Treasury
Software modifications and enhancements will be initiated.	January 2004 DHSS Contract Vendor
Software will be rolled out, training conducted and software piloted.	March 2004 Contract vendor DHSS, REICs, SCHS-CMUs
State data collection procedures/forms will be modified to effectively implement data entry.	March 2004 and ongoing DHSS REICs
The System Point of Entry database will be populated.	April 2004 and ongoing REICs, SCHS-CMUs, EIPs
Data sets available through an Early Intervention Management Information System (EIMIS) will be targeted for periodic review at all levels of the system.	June 2004 DHSS REICs Part C Steering Committee
The data/record review chart will be updated to be compatible with the data provided through the CMO.	June 2004 DHSS

SFY 2004 Update

A contract for an electronic data management system, referred to as the New Jersey Early Intervention System Central Management Office (NJEIS-CMO), was awarded on February 9, 2004 to Covansys, a vendor that is implementing similar systems in four other states. Implementation began immediately and, while not yet fully operational significant and timely progress is being made. NJEIS-CMO implementation tasks include system implementation for software and application; software updates/revisions; user manuals & system generated documents; training; finance management and operation; electronic interface; claims payment; fund recovery; provider enrollment/suspension/termination; data reporting; Web-site management; and Helpdesk. The final data model, practitioner enrollment, help desk and service matrix web site began phase in mid April 2004. Software training on data entry and billing training has been completed. Data entry is in process.

- As of June 30, 2004, 74 out of 96 contracted provider agencies have enrolled 2,024 practitioners.
- REICs have entered over 5,000 child/family records and the first service authorizations are beginning to reach provider agencies.

Cluster Area CII: Comprehensive Child Find System

Federal Requirements that Address Compliance

34 CFR §303.1(d) Purpose of Early Intervention Program

34 CFR §303.320 Public Awareness Program

34 CFR §303.321 Comprehensive Child Find System

34 CFR §303.128 traditionally under-served groups

34 CFR §303.301 Central Directory

State Goal

The implementation of a comprehensive, coordinated, statewide Child Find system results in the identification of all eligible infants and toddlers.

OSEP Identified Areas of Non-Compliance (2001 OSEP Monitoring Report)

- Inadequate Documentation of Dissemination Practices
- Child Find Activities Not Coordinated

Performance Indicator CC.I

The percentage of eligible infants and toddlers with disabilities that are receiving Part C services in New Jersey is comparable to State and national data for the percentage of infants and toddlers with developmental delays.

Performance Indicator CC.II

The percentage of eligible infants with disabilities under the age of one that are receiving Part C services is comparable with State and national data.

1. Baseline/Trend Data

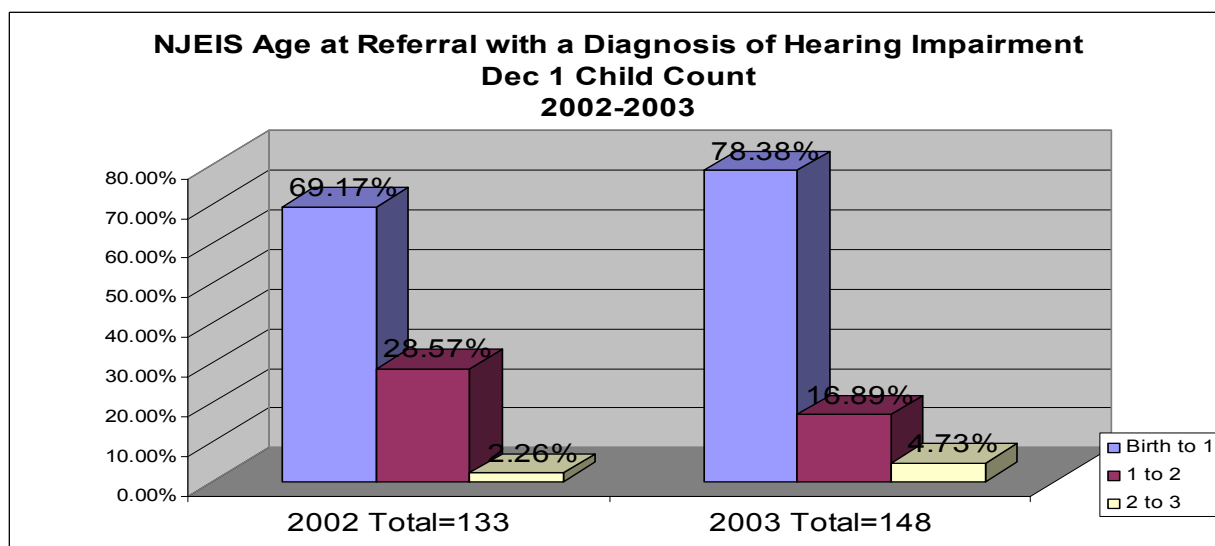
The 2001 OSEP Monitoring Report included the following statements:

- Based on the Self-Assessment, the New Jersey Part C Steering Committee identified several needs and priorities related to public awareness and child find, such as need for: (1) standardized planning, selection, review and tracking of child find and public awareness materials to ensure linkages with the needs of target populations, (2) identifying gaps in public awareness materials in languages represented in the State, and (3) improved ongoing outreach to physicians and hospital personnel.
- The public forums corroborated the Self-Assessment findings and added that: (1) physicians tend to adopt a “wait and see” response to parental concerns about their child’s development; (2) physicians who are aware of the early intervention system may not understand the scope of services offered in the system; (3) early identification and referral of infants and toddlers with autism, hearing and visual impairments need to improve; (4) broader dissemination of public awareness materials to the general public needs to occur, and (5) increased public awareness activities are needed to reach non-English speaking families.
- Part C OSEP Monitoring reported:
 - DHSS has not ensured that procedures are in place to determine the extent to which primary referral sources, particularly physicians, disseminate information to parents of infants and toddlers with disabilities about the availability of early intervention services.
 - Many families throughout the State reported to OSEP that they did not obtain information about early intervention services from their physicians. Some families said they had to do their own research to obtain information about the early intervention system. The preponderance of these reports were from families who have children with developmental delays of unknown etiology, children suspected of having autism spectrum diagnoses, children born in nearby States and who are in the military.
 - Service providers and service coordinators in one Region reported that families in certain socioeconomic categories are not referred to the early intervention system by physicians or others until their private insurance coverage for private services expires.
 - With the exception of the Social Security agencies, DHSS has not ensured that all public agencies collaborate in child find activities. OSEP on-site interviews supported this conclusion.
 - The Steering Committee reported that improvements in coordinating child find activities with relevant agencies are needed.
 - In three areas OSEP visited, service providers, service coordinators, parents and interagency representatives told OSP that efforts to coordinate child find and outreach with physicians, and community and social service agencies that serve Hispanic and immigrant families have not been effective.

NJ Current Child Find Structure

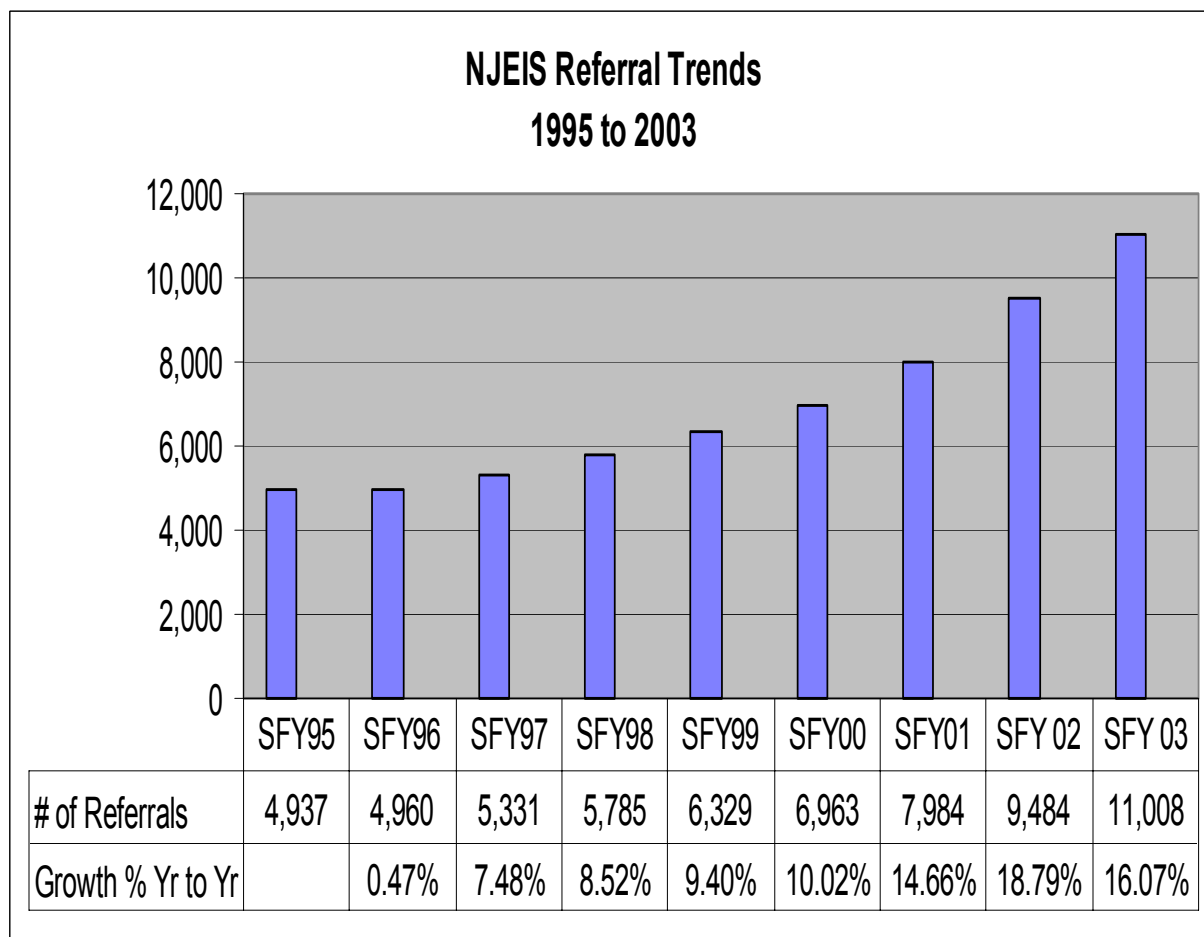
- A statewide list of SCHS-CMUs is disseminated to all primary referral sources through the New Jersey Department of Education CHILD FIND Project, Resources, the Central Directory; and Regional Early Intervention Collaboratives (REICs).

- State data show that referrals to the early intervention program are increasing (e.g. from 2002 to 2003, an increase of 16.07%). The system receives over 11,000 referrals in a year and approximately 75% of these referrals are found eligible for early intervention.
- DHSS continues to provide representation to the MAP to Inclusive Child Care Partners Team in order to facilitate appropriate interagency referral and availability of inclusive opportunities for children and their families. This team is providing resources and information to the NJ Dept of Human Services for ongoing review of the licensing manual for center- and home-based child care settings regarding the inclusion of young children with disabilities.
- New Jersey is one of a handful of States nationwide that has a systemic linkage between its Special Child Health Services Registry and the provision of immediate case management services. This long-standing Registry includes mandated reporting of children born with certain established medical conditions and voluntary reporting of children with other special health care needs. As children are enrolled in the Registry, parents of registered children are contacted by letter and by personnel located in county case management units. This process ensures timely referrals to Part C service coordinators housed within the case management units. The central Registry is located within DHSS.
- New Jersey has a Newborn Hearing Screening program that requires hearing screening of newborns at risk for hearing impairment. Since 2002, birthing facilities are required to screen all newborns electro-physiologically prior to discharge or before the newborn is one month of age regardless of the presence or absence of risk factors. 99.8% percent of newborns were screened in 2003 and 4.2% of the babies screened were referred for additional screening.



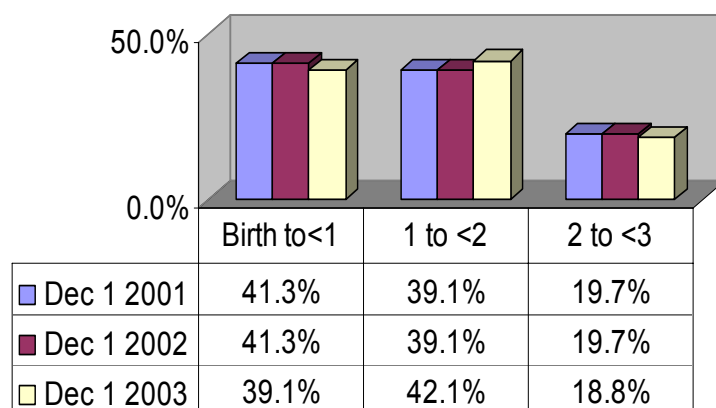
NJEIS Age at Referral with a Diagnosis of Hearing Impairment: This table illustrates an increase in the early identification of children with hearing impairments.

- A tracking log of child find activities and material dissemination is maintained by Part B and C lead agencies and REICs and includes:
 - A toll-free number for child find in service 24 hours per day;
 - Media-newspapers, television and radio announcements;
 - State and regional events; and
 - Annual distribution of materials to various public and private agencies, providers, organizations, school districts, etc.
- The annual December 1 record review provides additional referral data on age at referral, primary diagnosis, and referral sources including a separate chart on interagency and other collaborative referral source pattern.



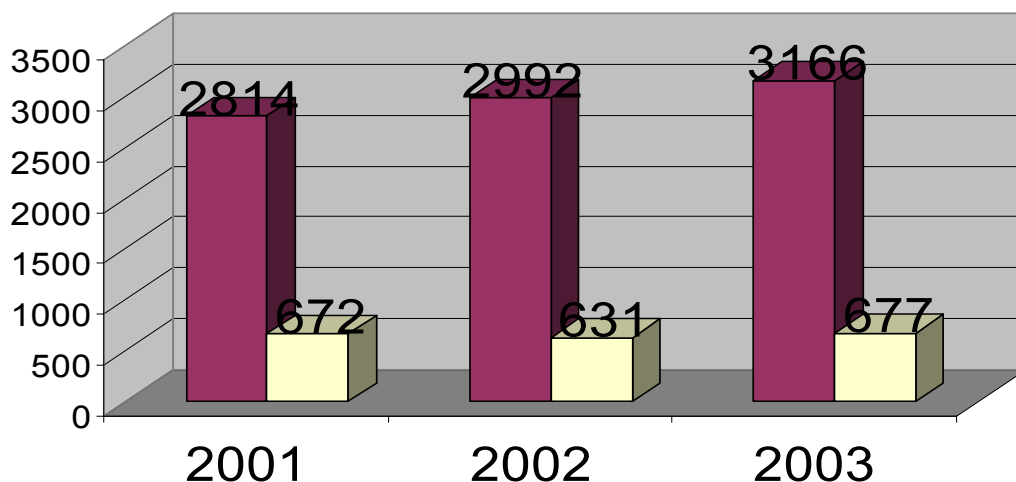
NJEIS Referral Trends 1995 to 2003: This table documents that NJEIS has experienced significant growth in the number of cumulative referrals received each year from 4,937 in 1995 to 11,008 in SFY 2003.

**NJEIS Age At Referral
Dec 1 Child Count
Dec 1 2001, 2002 and 2003**

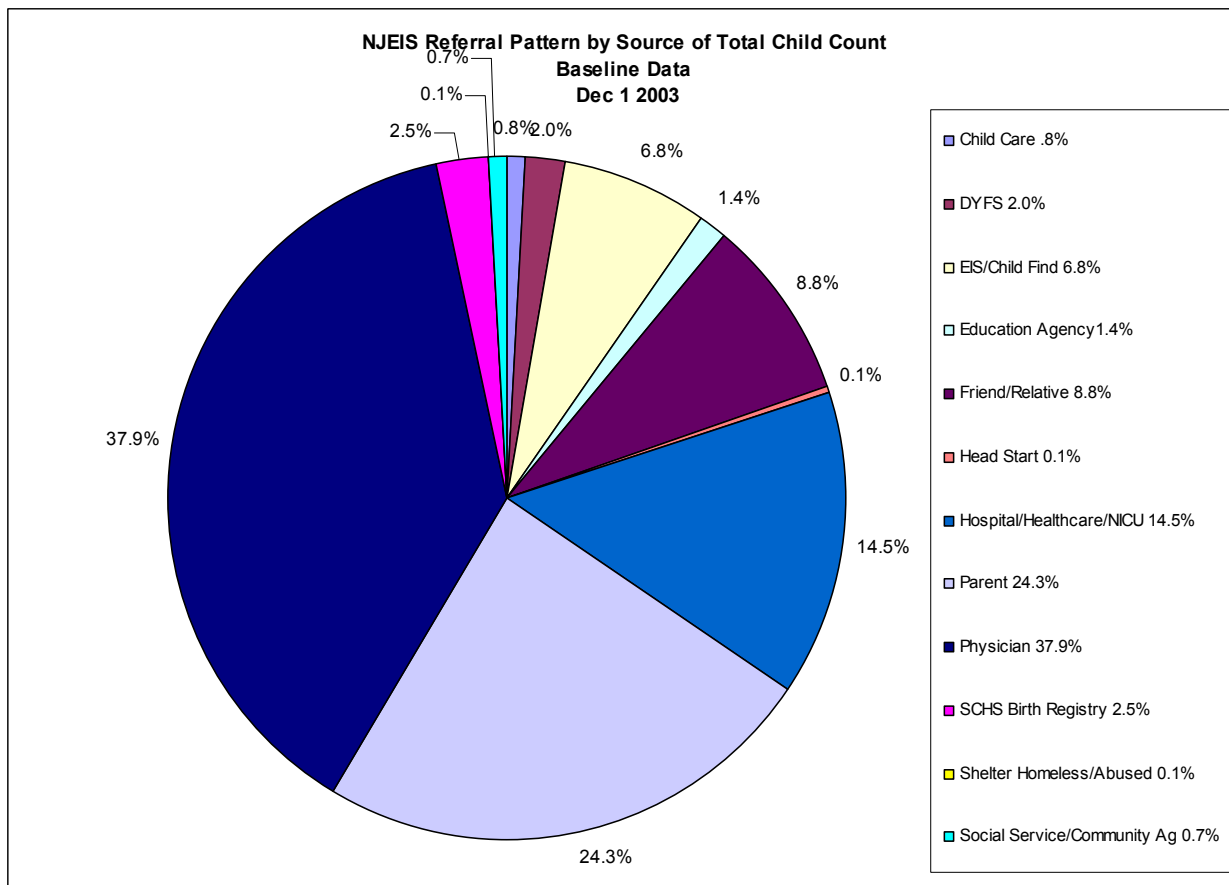


NJEIS Age at Referral: This table documents that on December 1, 2003, 39.1% of the children with an IFSP were referred prior to their first birth day. The trend data since 2001 appears to reflect consistent early identification to the NJEIS.

**NJEIS Children Referred Prior to Age 1 Compared to
Children Birth to < 1 year on December 1**

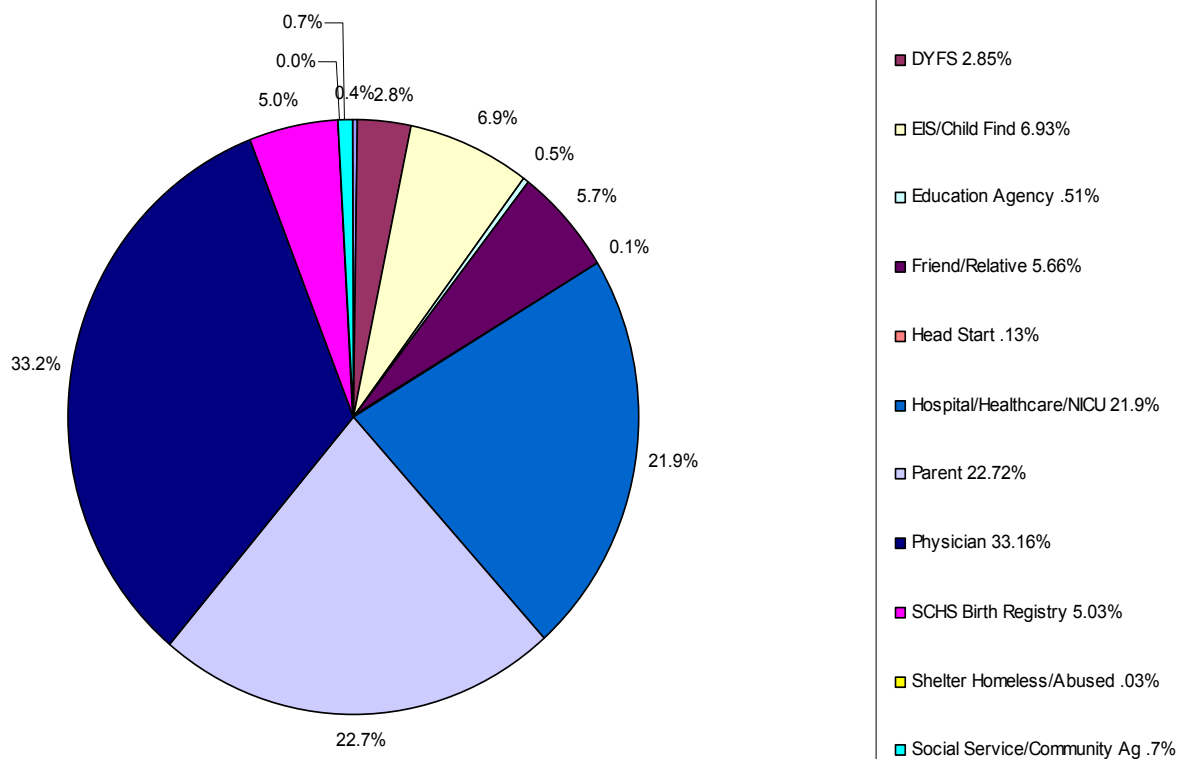


NJEIS Children Referred Prior to Age 1 Compared to Children Birth to < 1 year on December 1: Federal data reporting places priority on the percentage of children under age one from the December 1 count as an indicator of early identification. However, as the table above documents, age of referral is a better indicator of early identification. In New Jersey 3,166 children of the total 8085 December 1, 2003 count were referred prior to their first birthday, while only 677 children were under age 1 on December 1, 2003. Clearly this demonstrates that age at referral is a better indicator of early identification than the percentage of children under age 1 on December 1.

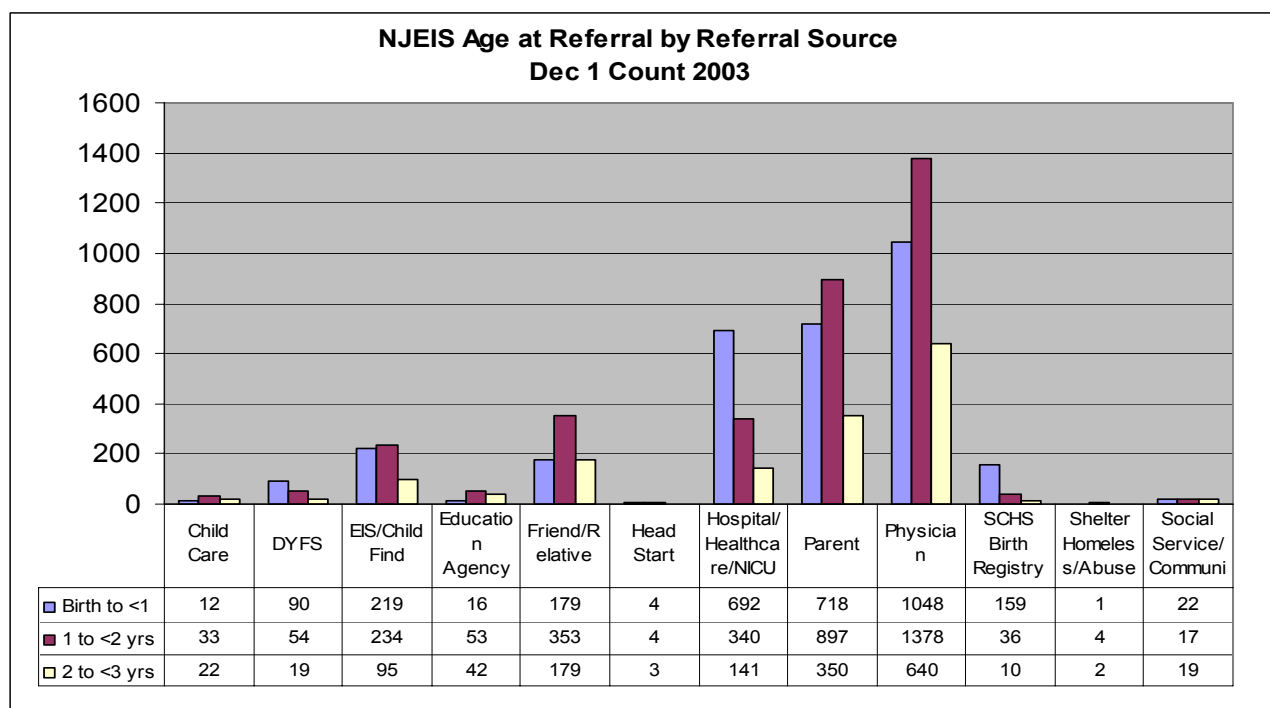


NJEIS Referral Pattern by Source of Total Child Count: This table documents referral sources on all children with IFSPs on December 1, 2003. Physicians have the highest referral rate at 37.9% followed by parents at 24.35% and hospitals/health care NICU at 14.5%. This documents that the highest percentage of referrals come from health and medical referral sources. The SPOE software has been designed to collect primary referral source data by asking families how they heard about the NJEIS.

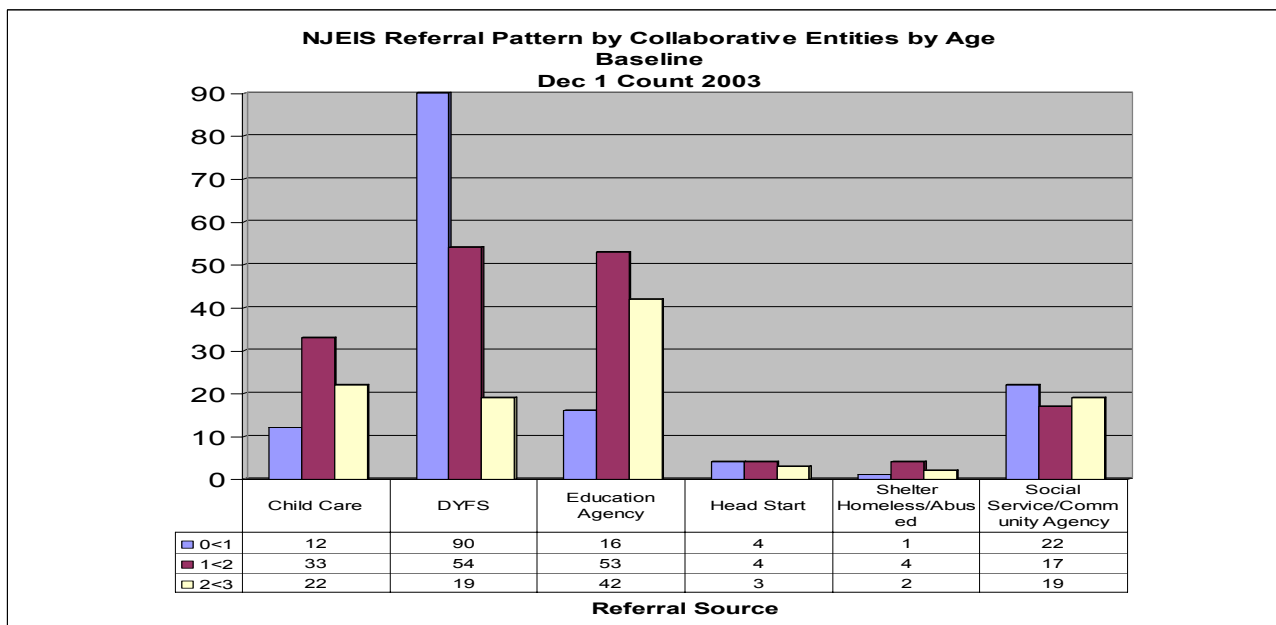
NJEIS Referral Pattern by Source Prior to 1st Birthday
Baseline Data
Dec 1 2003



NJEIS Referral Pattern by Source Prior to 1st Birthday: This table documents referral sources on all children with IFSPs on December 1, 2003 referred prior to their first birthday. Physicians have the highest referral rate at 33.16% followed by parents at 22.72% and then hospitals/health care/NICU at 21.9%. This documents that the highest percentage of referrals come from health and medical referral sources.

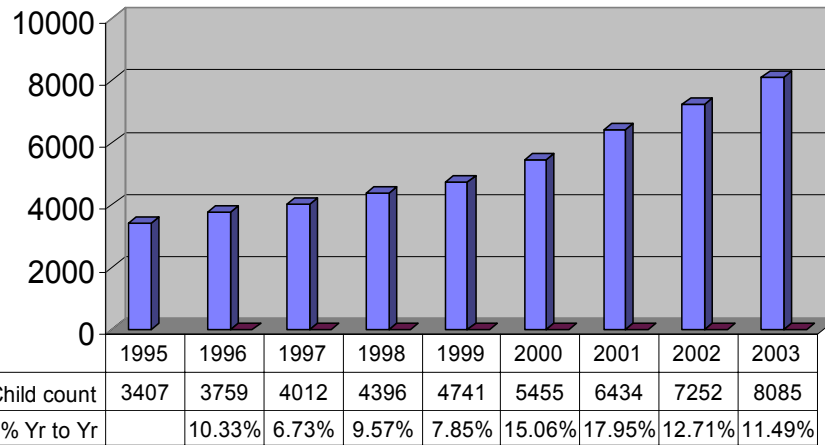


NJEIS Age at Referral by Referral Source: This table provides baseline data on the number of children referred by age and referral source. It illustrates that physicians and healthcare providers have the highest percentage of referrals at all age levels.



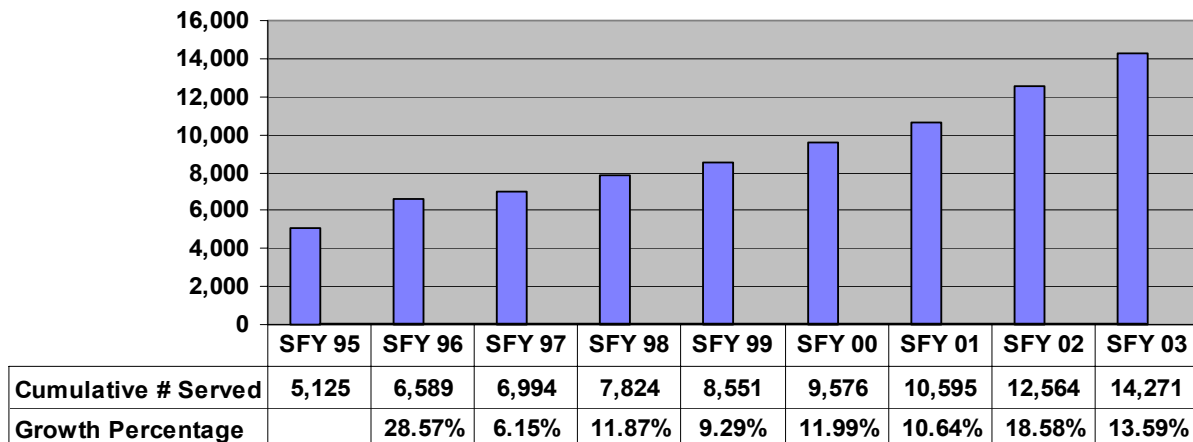
NJEIS Referral Pattern by Collaborative Entities by Age: This table provides December 1, 2003 baseline data on referral patterns by selected collaborative entities by age. Tracking this data over time will assist in targeting public awareness and child find activities.

NJEIS Receiving Early Intervention Services on December 1

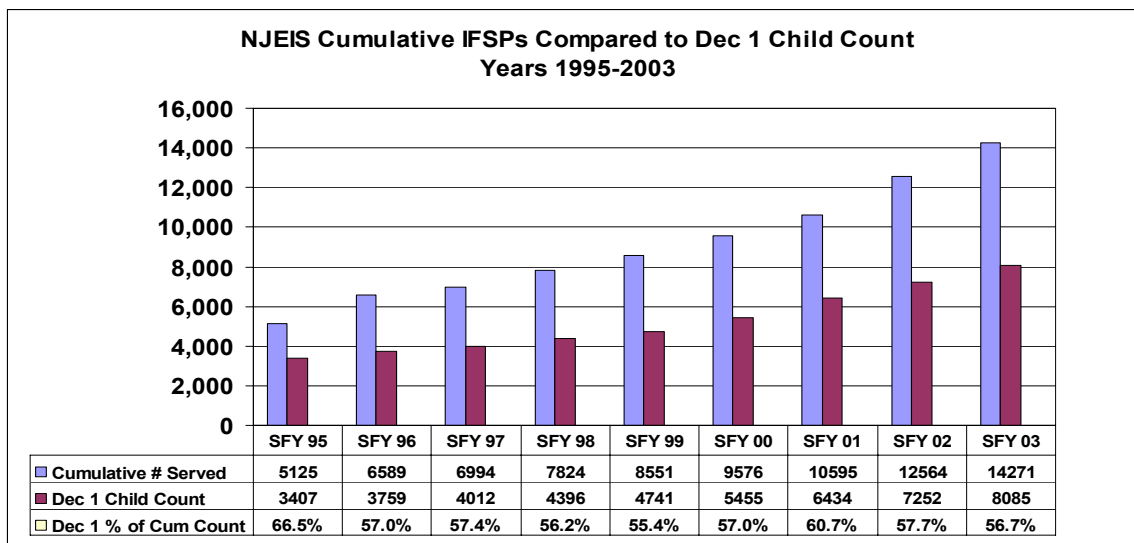


Receiving Early Intervention Services on December 1: NJEIS has experienced significant growth each year ranging from a low of 6.73% growth in 1997 and a high of 17.95% growth in 2001. The average annual growth percentage since 1995 is 11.5%. In 2001 the NJEIS served over 2% of the birth to three population and began seeing a slowing trend in the growth percentage.

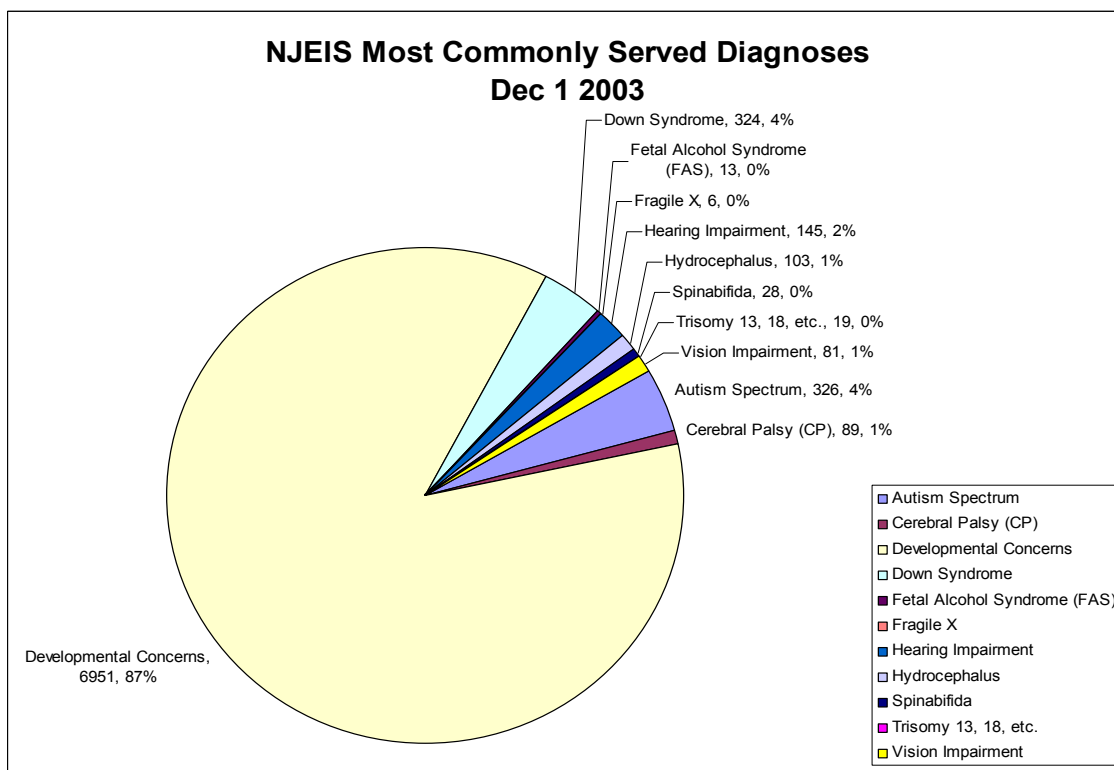
NJEIS Cumulative IFSPs State Fiscal Years 1995-2003



NJEIS Cumulative IFSPs: This table documents an unduplicated cumulative number of children with IFSPs served during each fiscal year from 1995 through 2003 and documents growth since 1995.

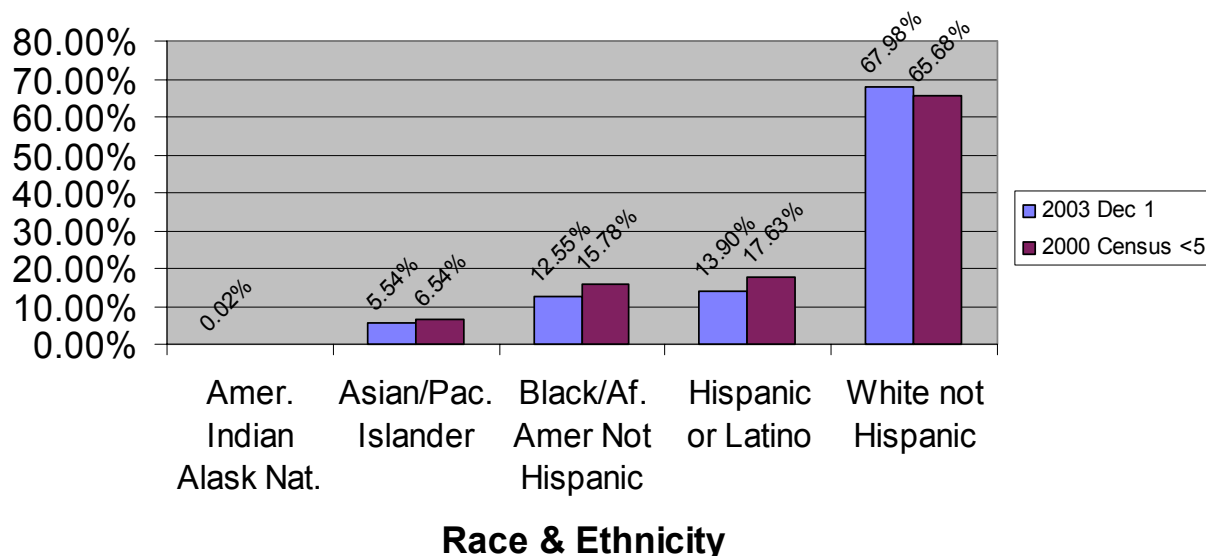


NJEIS Cumulative IFSPs: Compared to December 1 Count: This table compares the number of all children served during a SFY compared to the December 1 point in time federal count. This documents that since 1995 the number of children served in a given year is more than double the number of children counted for federal reporting.



NJEIS Most Commonly Served Diagnosis: This table documents that as of December 1, 2003, 1,134 enrolled children were eligible for Part C by diagnosis and 6951 enrolled children were eligible due to significant developmental delay(s).

NJEIS Dec 1 2003 Child Count Race & Ethnicity Percentage Compared to 2000 Census < 5 yrs



NJEIS December 1, 2003 Child Count Race and Ethnicity Percentage Compared to 2000 Census , 5 years: This table reports on the race/ethnicity of children in the NJEIS on December 1, 2003 as compared to the race and ethnicity on the 2000 Census. There appears to be a fairly proportionate representation of race and ethnicity to state demographics.

2. Targets (July 1, 2002 – June 30, 2003)

- By SFY 2003 at least 2% of infants and toddlers, ages birth to three years, will have IFSPs (excluding infants and toddlers who are at-risk for developmental delays under state eligibility criteria).
- December 2001, aggregated statewide data will provide baseline information on whether the population of children served reflects the statewide and county demographics (i.e. race/ethnicity).
- Through the State Improvement Grant (SIG), NJEIS will develop and implement a personnel development program for physicians in collaboration with the Department of Education, Office of Special Education Programs..
- NJEIS will prepare and present information on “Identifying Red Flags in Young Children and How to Talk to Families” at the NJ Inclusive Child Care Conference in spring 2003. Presenters will include a representative from the lead agency and a REIC Family Support Coordinator.
- During the summer of 2003, REIC Family Support Coordinators will send an outreach letter to child care agencies in their region to establish awareness and linkages with the

regional early intervention system for the purpose of referrals and increasing access to the early intervention system.

- During SFY '03, the SICC Interagency Committee will meet with other agencies involved in information and referral to identify possible linkages and gaps.
- NJEIS will collaborate with the SCHS Birth Registry to submit a grant application to CDC to improve data collection on referral and follow-up.
- Data including age at referral and race/ethnicity will be evaluated down to the county level.

3. Explanation of Progress or Slippage

- As defined within the SIG partnership agreement with the New Jersey Department of Education, Office of Special Education Programs, the Department of Health and Senior Services, Early Intervention System: a) located and chose a nationally-recognized physician outreach training project with supportive evaluation data and b) conducted a state leadership planning group comprised of representatives from DOE Project Child Find, Part C lead agency, physicians, trainers, parents, and regional early intervention collaboratives.
- NJEIS prepared and presented information on "Identifying Red Flags in Young Children and How to Talk to Families" at the NJ Inclusive Child Care Conference in spring 2003. Presenters included a representative from the lead agency and a REIC Family Support Coordinator. A total of 157 caregivers attended the conference.
- During the summer of 2003, REIC Family Support Coordinators sent an outreach letter to child care agencies in their region to establish awareness and linkages with the regional early intervention system for the purpose of referrals and increasing access to the early intervention system.
- SICC Interagency committee conducted meetings with Division of Developmental Disabilities, Developmental Disabilities Council - Division on Disability Services, Family Support Center and SPAN's NJ Inclusive Child Care Project regarding information and referral.
- NJEIS collaborated with the SCHS Birth Registry to submit a grant application to CDC to improve data collection on referral and follow-up.
- With assistance from NECTAC, regional child find plans were developed and implemented to address discrepancies. All REICs have developed and implemented targeted activities to address discrepancies and to reach underserved populations in their regions. Updates from each REIC have been forwarded to NECTAC. In the spring 2004, regional follow-up calls with were conducted with NECTAC.
- **First Signs Update**
 - DHSS collaborated with the NJ Governor's Council on Autism and the NJ Center for Outreach and Support for the Autism Community, to bring the *First Signs* program to NJ in late 2001.
 - NJ was the pilot state for the *First Signs* project, which aims to educate pediatricians and family practitioners in the early identification of Autism Spectrum Disorders and encourages them to refer to early intervention and autism specialists. (*First Signs* was an earlier and separate endeavor from the other physician training project described in the progress section of this annual report).

- Study data showed that 90.5% of the physicians who took part in the NJ pilot study improved their knowledge of ASD as measured on pre- and post-tests.
- The study also reported an increased awareness in the indicators for early intervention among participating physicians as measured by pre and post test data.

4. Projected Targets (July 1, 2003 – June 30, 2004)

- In accordance with the SIG, training events for physicians will be conducted using a train-the-trainer approach and independent study modules with Continuing Medical Education credits.
- By State Fiscal Year (SFY) 2005, at least 1% of all infants, ages birth to one year, will have Individualized Family Service Plans (IFSPs) (excluding infants and toddlers who are at-risk for developmental delays under state eligibility criteria).
- Annually, the CMO database will be used to analyze and compare diagnosis and age at referral to available national prevalence data such as Center for Disease Control (CDC) and National Early Intervention Longitudinal Study (NEILS).
- Quarterly by REICs and annually by DHSS, the CMO database will be used to analyze referral sources by county/type to identify where child find efforts should be targeted by the REICs.
- By SFY 2004, primary referral source data will be available statewide and by region for analysis in order to determine gaps in sources of referrals.
- The uniform application will document referrals by Division of Youth and Family Services (DYFS) to NJEIS.

<p>5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing</p>	<p>6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing</p>
<p>A one-page document with general information about referral to early intervention and preschool special education will be developed and disseminated to caregivers and Unified Child Care And Resource and Referral staff statewide on a CD-ROM disk.</p>	<p>June 2004 NJDHSS, NJDOE, NJDHS</p>
<p>A presentation will be provided at the NJ Inclusive Child Care Annual Conference to supports expansion of inclusion and child find efforts.</p>	<p>Spring 2004 annual conference NJEIS</p>

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
Four regional seminars for pediatricians and family physicians will be conducted geographically throughout the state.	June 2004 CSPD Coordinator 619 Coordinator SIG Grant Leadership Planning Group AAP/NJ and NJAFP
Collaboration with Information and Referral Agencies including state Departments; Developmental Disabilities Council; MAP to Inclusive Child Care, Family Support Councils; and other funded projects.	Ongoing DHSS REICs SICC
Monitor Primary Referral Sources in order to determine underrepresented referral sources.	Ongoing DHSS DOE-OSEP REICs
Maintain and review NJEIS systemic linkages with Special Child Health Services Registries.	Ongoing DHSS
Services Registry and the provision of immediate case management services will be maintained and monitored to ensure timely referral to early intervention.	Ongoing DHSS

Cluster Area CIII: Family Centered Services

Federal Requirements that Address Compliance

34 CFR §303.344 Content of an IFSP

34 CFR §303.322 Evaluation and assessment

34 CFR §303.400 – 460 Procedural Safeguards

State Goal

Family supports, services and resources increase each family's capacity to enhance outcomes for infants and toddlers and their family.

OSEP Identified Area of Non-Compliance (2001 OSEP Monitoring Report)

Inadequate Identification of Family Supports and Services in IFSPs.

Performance Indicator FC.I:

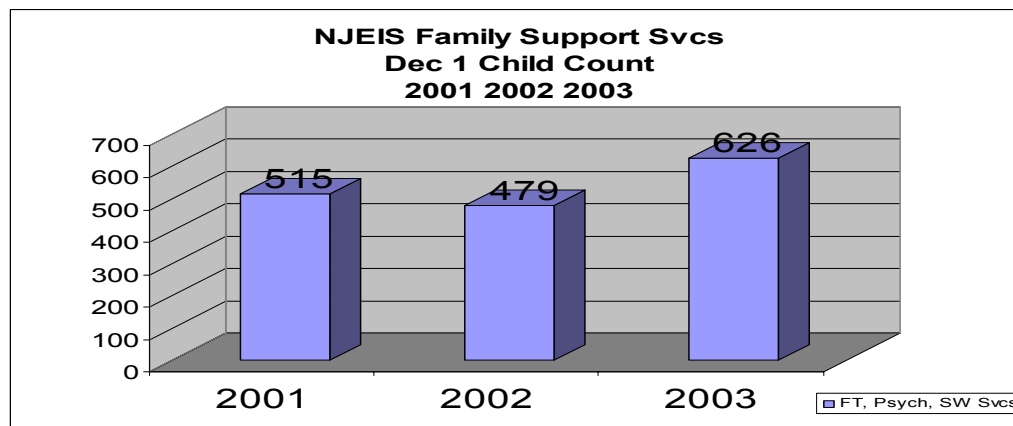
Families' capacity to meet the developmental needs of their eligible infants and toddlers are enhanced through training/education and information dissemination, including informal community supports.

1. Baseline/Trend Data

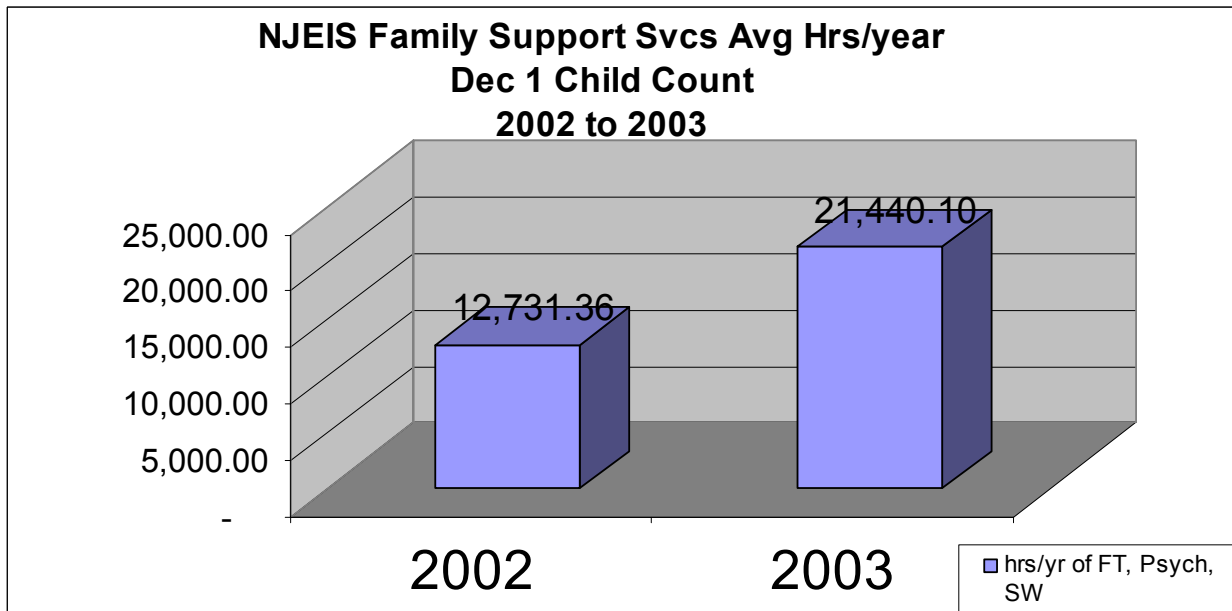
The 2001 OSEP Monitoring Report included the following statements:

- OSEP finds that the State is not ensuring that, with the concurrence of the family, IFSPs include the services and supports necessary to enhance the family's capacity to meet the developmental needs of their child. Conclusion is based on:
 - DHSS told OSEP that it did not have an effective mechanism to tracks statewide gaps in the provision of family supports and services identified by IFSP participants as a required IFSP service or "other service".
 - 13 of the 34 IFSPs OSEP reviewed did not include any information regarding family's priorities, concerns, resources, services or supports, and their children's files did not include any indication that the families had been informed of and rejected the option to have a family assessment.
 - In 21 of 34 IFSPs, OSEP did find families' concerns, priorities and resources, but the IFSP did not contain any outcomes or services to address the needs even though families requested parent support services.
 - In a few records, OSEP noted progress notes indicating that referrals had been made to community resources, such as WIC and childcare.
 - In three of the four areas OSEP visited, parents reported that they feel extremely isolated in their respective communities and do not know where to go to obtain family supports and services, such as respite, information and parent support. In one county, families told OSEP that supports such as parent-to-parent; literacy programs, parenting courses; parent/child playgroups and transportation to the toy-lending library are not available.
 - Only one parent OSEP interviewed reported that she was aware of the Parent-to-Parent program although early intervention contractors are required to disseminate this information to families as a stipulation of their state contract.

NJEIS Family Support Data



NJEIS Family Support Services: This table documents trend data for SFY 2001 - 2003 on the number of IFSPs that include family training, psychology, and social work services. NJEIS believes that this data is not an accurate representation of all family supports provided, as it does not reflect family supports provided during the provision of other early intervention services including service coordination. It also does not reflect the other supports and services the family receives as recorded on the "other services" section of the IFSP.



NJEIS Family Support Services Average Hours Per Year: This table documents a trend increase in the number of family support hours identified on IFSPs active on December 1. This data is collected during the December 1 record review.

Family Survey Results

In fiscal year 2003 (July 2002-June 30, 2003), surveys were distributed to families in both English and Spanish at designated key points in time in the early intervention process. These surveys were part of a larger effort to document and assess family experiences and satisfaction in NJEIS. In particular, those surveys focused on measuring coordination of services and family-centeredness, including the availability of family supports.

Three of the four regions used a post card series based on a Yes/No response to document family experiences at key points in time (i.e. Intake, Evaluation, IFSP Development, Service Delivery, and Transition). The fourth region used a different instrument based on a Likert-type scale, to survey families at the time of evaluation. This region also partnered with Middlesex County Economic Opportunities Corporation (Early Head Start) to survey families in Middlesex County on family support, as well as UMDNJ Graduate School of Public Health to survey family's attitudes, beliefs and experiences about children with special needs.

All four regions surveyed families about their experiences with the service coordination process.

- In three regions, 99.3% of families who responded reported they were **listened to** by their service coordinator. In Mid-Jersey Cares region families who responded “strongly agreed” that they were listened based on an average score of 4.7 on a 5 point scale.
- In three regions, 99.2% of families who responded reported that at intake they **received the information** they needed by their service coordinator. In Mid-Jersey Cares region families who responded “strongly agreed” that they received the information they needed based on an average score of 4.6 on a 5 point scale.
- In three regions > 97% of families who responded reported that their evaluations and IFSP meetings were held at a **convenient time and place**. In Mid-Jersey Cares region families who responded “strongly agreed” that their evaluations and IFSP meetings were held at a convenient time and place based on an average score of 4.75 on a 5 point scale.

All four regions surveyed families about their experiences during the *evaluation process*:

- In two regions, 99% of families who responded reported their **input** regarding their child was **valued and useful** to the evaluation. In Mid-Jersey Cares region families who responded reported that they “strongly agreed” that their input regarding their child was valued and useful to the evaluation based on an average score of 4.79 on a 5 point scale. In the Family Link region 98% of families who responded reported that they were asked to share information about their child during evaluation.
- In three regions, 98% of families who responded reported that the **evaluation results were immediately discussed**. In Mid-Jersey Cares region families who responded reported they “strongly agreed” that the evaluation results were discussed immediately based on an average score of 4.77 on a 5 point scale.
- In the Southern region, 97.3% of families who responded felt the **evaluation gave a clear picture of their child’s strengths and needs**. In Mid-Jersey Cares region, families who responded reported they “strongly agreed” that the evaluation gave a clear picture of their child’s strengths and needs based on an average score of 4.63 on a 5 point scale.

All four regions surveyed families about their experiences during the IFSP process:

- In three regions, 98% of families who responded reported that the **IFSP process was explained** to them.
- In the Southern region, 99% of families who responded reported that the IFSP **included their family’s daily routines and/or activities**. In Mid-Jersey Cares region, families who responded ‘strongly agreed’ that the IFSP included their daily routines and/or activities based on an average score of 4.63 on a 5 point scale.
- In two regions, 72% of families who responded reported that **Family Supports** were discussed at their IFSP meeting. In one region, 95% of families who responded reported they were given the option to invite others to the IFSP meeting.
- In collaboration with UMDNJ, Mid Jersey Cares region families who responded reported that:
 - 12% get specialized medical care and 12% want these services;
 - 1% get family counseling and 14% want these services;
 - 2% attend support groups and 22% want to attend support groups;
 - 12% attend play groups and 47% want to attend play groups;
 - 17% receive family training and 44% want family training;

- 37% receive information on child growth and development and 51% want to receive this information;
- 24% receive information on their child's special needs and 48% would like to receive this information; and
- 24% receive information about help from other sources and 44% would like this information.
- In another survey done by Middlesex County Early Head Start and Mid-Jersey Cares, families who responded reported their pediatrician was a key resource. Others cited nurses, social workers, early intervention and child study teams. And, while families were generally satisfied with the professionals assisting in the care of their child, they also wanted additional support. They indicated they needed:
 - Support groups
 - Training for themselves and family member
 - Information about growth and development
 - Information about their child's special needs
 - Information and registration with DDD

The severity of the diagnosis and income were related to the requests for these additional resources. (Middlesex County Economic Opportunities Corporation, Special Needs Survey Report, 2003)

All four regions surveyed families about their early intervention services:

- In two regions, 94.5% of families who responded reported that their early intervention services fit the needs of their child and family.
- In two regions, 95.5% of families who responded reported that their early intervention services helped them to feel more confident about meeting their child's needs.
- In two regions, 96.2% of families who responded reported that they received instruction to help them with their child.

Two regions surveyed families about the *transition process*:

- 97% of families who responded reported they received adequate support from early intervention in planning transition out of early intervention.
- 97% of families who responded reported they were given information about their family's rights during the transition process.

NJEIS Family Support Activities

Successful efforts have been made over the years to increase training/education opportunities, information dissemination and other family supports that assist families to enhance their ability to meet the developmental needs of their child:

- A Stakeholder Service Delivery Task Force comprised of parents, providers and agencies, submitted specific recommendations with timelines to address gaps in the provision of family supports and services.
- In State Fiscal Year (SFY) 2001, the Commissioner accepted recommendations from the Service Delivery Task Force (SDTF) designed to (1) implement a model of service delivery that reflects and values the importance of parent and child, family-to-family, family and community, family and provider, and other relationships; (2) ensure access

for families to information and referral to support services; (3) implement service coordinator responsibilities with an understanding that adequate time is necessary to perform effectively; and (4) assist in the planning and implementation of statewide standards for quality service coordination.

- Each REIC employs a Family Support Coordinator who provides training and dissemination of information to families when requested or when a need is identified. This position also works to support local agencies in training and disseminating information to families.
- All service coordinators and providers have participated in training on how to facilitate IFSP meetings and how to complete the statewide IFSP form that includes a section on family needs and concerns that must be completed, assuming parent agreement, as part of every IFSP meeting.
- The REICS established a Website to improve communication and create opportunities to link the Regional Early Intervention Collaboratives (REICs), State early intervention office, State Web Site and increase access to information by local providers and families.
- REICs respond to parent calls requesting resource information on parent/family supports in the community.
- DHSS has funded and has implemented an electronic information system that provides individual and aggregate IFSP information.
- REICs conduct fundraising efforts to increase community support for families. For example the southern and Northeast REIC conduct annual golf fundraising events. Revenues are used to pay for equipment and activities that support families. The Northeast received a challenge from a local business that they would increase their annual donation from \$15,000 to \$50,000 if the tournament was sold out. The Northeast REIC met the challenge.

2. Targets (July 1, 2002 – June 30, 2003)

- Intake/family assessment will be revised to include questions related to a family's need for and access to child care.
- Regional family survey protocols will be reviewed to consider the development of a uniformed statewide family survey for use by REICS.
- NJEIS will begin collaboration activities between NJDHSS, NJDOE, other state agencies, and public and private child care agency representatives to build a comprehensive system of services for young children and families throughout New Jersey.
- DHSS will fund each REIC to move toward having one full time lead family support coordinator in addition to maintaining part time positions to assist in the identification, development and implementation of resources that support families.
- DHSS will provide additional funding to support 14 hours per week of a Regional Family Support Coordinator to assist DHSS in developing and implementing strategies to address gaps in family resources and services.
- For State Fiscal Year (SFY) 2003, \$20,000 in targeted funds will be included in the REIC budgets to assist in ensuring the availability of resources for family support.
- All providers will be required through their SFY'03 grant/contract application to demonstrate (1) collaboration with other agencies including those outside of early intervention, to ensure appropriate services and community supports for families to

design; and (2) implement their local service delivery systems to be in line with state initiatives, including strategies that ensure availability of resources to support families.

- Beginning with SFY 03 applications, all provider agencies will be required to participate in the development of Regional/County Family Support Plans.
- By October 2002, a statewide training activity for all early intervention personnel will be conducted by the Beach Center, Kansas, to implement a tool for collecting intake/family assessment information on concern, priorities and resources and to learn strategies for linking family priorities to Individualized Family Service Plan (IFSP) outcomes, services, and supports.
- NJEIS will participate with the MAP team to revise and disseminate the booklet, "Choosing Child Care, A Parent's Guide, For Children with Special Needs" which had been developed in 2002.

3. Explanation of Progress or Slippage (July 1, 2002 – June 30, 2003)

- A small group of service coordinators met on April, 25, 2003 and reviewed referral, intake and family assessment information. DHSS incorporated this group's recommendations into one state form that was shared with Stakeholders, SCHS Case Managers and service Coordinators for input on June 22, 2003. The new intake form was implemented in July 2003.
- Based on the review of regional family survey protocols and data, a decision was made to design a uniformed statewide survey protocol for use by all REICs.
- Beginning in 2002 and continuing, DHSS participates in "Building Early Learning Systems in the States", a multi-state partnership supporting those who set policies, provide services, and advocate for children birth to 5 to ensure they have access to comprehensive high-quality early learning opportunities.
- Beginning in March 2003, DHSS supported the submission of a grant application to the National Infant & Toddler Child Care Initiative at Zero to Three spearheaded by the NJ Department of Human Services to fund efforts to effect system wide improvements in infant and toddler child care. The grant was awarded in April 2003 and DHSS continues to participate on an ongoing basis.
- Beginning in 2002 and continuing on an ongoing basis, DHSS participates in a statewide initiative with the Child Care Professional Development Center, IHEs, Head Start, and child care administrators to develop a credentialing system for infant toddler caregivers.
- In the spring 2003, the Family Support Coordinators contacted the child care community in each region through an outreach letter.
- By SFY 2003 all REICs employed full time (25 hours) Family Support Coordinators.
- DHSS provided additional funding to support 14 hours per week of a Regional Family Support Coordinator to assist DHSS in developing and implementing strategies to address gaps in family resources and services. This person works with other Regional Family Support Coordinators so that consistent activities are implemented in each Region.
- For State Fiscal Year (SFY) 2003, \$20,000 in targeted funds was included in the REIC budgets to assist in ensuring the availability of resources for family support.
- All providers SFY'03 applications had to demonstrate (1) collaboration with other agencies including those outside of early intervention, to ensure appropriate services and

community supports for families to design; and (2) implement their local service delivery systems to be in line with state initiatives, including strategies that ensure availability of resources to support families.

- All SFY'03 contracts required participation in the development of Regional/County Family Support Plans. All counties have submitted plans that include activities such as:
 - Community resources
 - Family List Serve and chat room
 - Family Networking /Parent to Parent
- In October 2002 a statewide training activity for all early intervention personnel was conducted by the Beach Center, Kansas, to implement a tool for collecting intake/family assessment information on concern, priorities and resources and to learn strategies for linking family priorities to Individualized Family Service Plan (IFSP) outcomes, services, and supports.
- NJEIS participated with the MAP team to revise and disseminate the booklet, "Choosing Child Care, A Parent's Guide, For Children with Special Needs" which had been developed in 2002. The booklet was distributed to 3800 child care centers statewide and to agencies represented by the MAP Partners. Including NJDHSS, NJDOE, NJDHS, and advocacy groups. Copies of the booklet were disseminated to all 21 Special Child Health Services Case Management Units to share with families seeking child care for their family.

4. Projected Targets (July 1, 2003 - June 30, 2004)

- NJEIS will conduct activities designed to increase the identification and inclusion of family support needs and services on the IFSP.
- By SFY 2004 all REICs will employ at least one lead Family Support Coordinator for a 35 hour work week.
- A uniform statewide family survey will be drafted, reviewed with the Steering Committee and implemented in early 2004.
- By June 2004, aggregated statewide family survey data will provide baseline information on the extent to which families report that the early intervention system meets their individualized needs.
- By June 2006, there will be a 20% increase in the number of families surveyed who report that, if desired, they have access to childcare.
- By June 2006, families surveyed will report that the early intervention system meets their child and family's individualized needs.
- The Part C Steering Committee has recommended that by SFY 2005, a statewide system for providing family support at each SCHS-CMU will be implemented. The NJEIS will review this recommendation including the implications on funding and resources needed.
- Strategies for ongoing training and information for families regarding all aspects of early intervention will be developed in a variety of user friendly formats, including a Family Handbook, training modules and bulletins on critical stages and issues in early intervention. This will be coordinated through the Family Support Workgroup in collaboration with community organizations and programs.

- Beginning in SFY '03 and thereafter, as a part of Part C provider self-assessment and monitoring activities a minimum number of IFSPs will be reviewed to determine the extent that:
 - Family's concerns, priorities and resources (CPRs) are identified through the IFSP process.
 - CPRs are reflected in initial and on-going IFSP outcomes and services.

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 - June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 - June 30, 2004 and ongoing
NJEIS will revise the IFSP page(s) identifying family concerns, priorities, resources and other family information.	June 2004 DHSS-EIS CSPD Team
As a follow-up to the Beach Center training, NJEIS will establish a Family Assessment Workgroup to implement strategies for family assessment information collection.	June 2004 and ongoing Family Assessment Workgroup
NJEIS will continue to follow NCSEAMs activities related to the development of family surveys for Part C.	Ongoing NJEIS NCSEAM
A workgroup will be formed to put together a resource packet for children with hearing impairments with input from the Division for the Deaf, NJ Office of Special Education Programs and selected members of the workgroup.	Ongoing Specialized Population Workgroup
Develop and submit to DHSS-EIS a Family Resource Guide for families of children with autism.	December 2004. Autism Task Force
A PowerPoint presentation will be developed for family training.	June 2004 Family Support Workgroup
Develop and maintain a family handbook.	Ongoing DHSS-EIS REIC Family Support Coordinators
A one day forum will be convened with relevant stakeholders to identify a vision for family support.	June 2004 SICC
Family case stories will be embedded in orientation training and a national expert will provide training for trainers on this topic.	June 2005 CSPD Team

Cluster Area CIV: Early Intervention Services in Natural Environments

Federal Requirements that Address Compliance

34 CFR §303.23 Service Coordination

34 CFR §303.342 IFSP Development

34 CFR §303.360 CSPD

34 CFR §303.361 Personnel Standards

34CFR §303.322 Evaluation and Assessment

34CFR §303.344 Content of an IFSP

State Goal:

Early intervention services are provided in natural environments that meet the unique needs of eligible infants and toddlers and their families.

OSEP Identified Areas of Non-Compliance (2001 OSEP Monitoring Report)

- Failure to Implement Service Coordination Responsibilities
- All needed IFSP services are not identified and provided

Performance Indicator CE.I:

All families have access to a Service Coordinator who facilitates ongoing, timely early intervention services in natural environments.

1. Baseline/Trend Data (July 1, 2002 – June 2003)

The 2001 OSEP Monitoring Report included the following statements:

- DHSS has not ensured that service coordinators are performing their duties as set forth in 34 CFR §303.23 such that children and families receive the early intervention services in a timely manner in order to enhance the child's development. The lack of ongoing service coordination has resulted in lack of identification and provision of all needed services for children and families and lack of effective transition activities. The conclusion was based on family and provider interviews in three regions that reported:
 - Service coordinators do not have adequate knowledge about the full range of services, nor the time to go out and learn about the resources that might be available;
 - Not enough service coordinators or excessive service coordinator caseloads prevents service coordinators from carrying out their responsibilities under Part C;
 - Lack of training and state policies are barriers to active, effective service coordination; and
 - Recruitment is hampered because of the competitive job market, salary levels and travel, flexible schedule-requirements in the State's early intervention system.
- Although State policies and procedures and guidelines do not place limitations on the amount of time a service coordinator interacts with families, service coordinators reported that contact with families is driven by their interpretation of State guidelines that only require service coordinators to meet with families two times per year; at six month and annual IFSP reviews.

- In some cases, agency-hiring practices appeared to hamper recruitment because these agencies restricted hiring to certain disciplines even though State Part C policies did not have these restrictions.
- Part C Self-Assessment found:
 - While the lead agency has procedures to monitor service coordination caseloads, current data collection does not effectively predict ratio fluctuation in counties/regions that can lead to proactive problem-solving in order to intervene in a preventive fashion.
 - Present ratios vary and in some areas, ratios are too high due to circumstances within the local agency.
 - The NJEIS Study found that service coordinators spend most of their time on parent and family education, counseling, and support (32%); Individualized Family Service Plan (IFSP) maintenance, reevaluation, and progress reviews (26%); and consultation and coordination with other professional (22%). The focus of most of these activities is assisting families to access early intervention services beyond those funded by the state.
 - There is wide spread concern that the maximum caseload for service coordination has been insufficient to ensure that all appropriate services, including family support and non-early intervention services, are identified and received by all eligible infants, toddlers, and their families.
 - A significant number of Steering Committee members felt that a seventy to one ratio for service coordinators was too high and should be reduced. The Steering Committee proposed that the recommended caseload for each service coordinator be based on function in relation to the family's need rather than number of families.

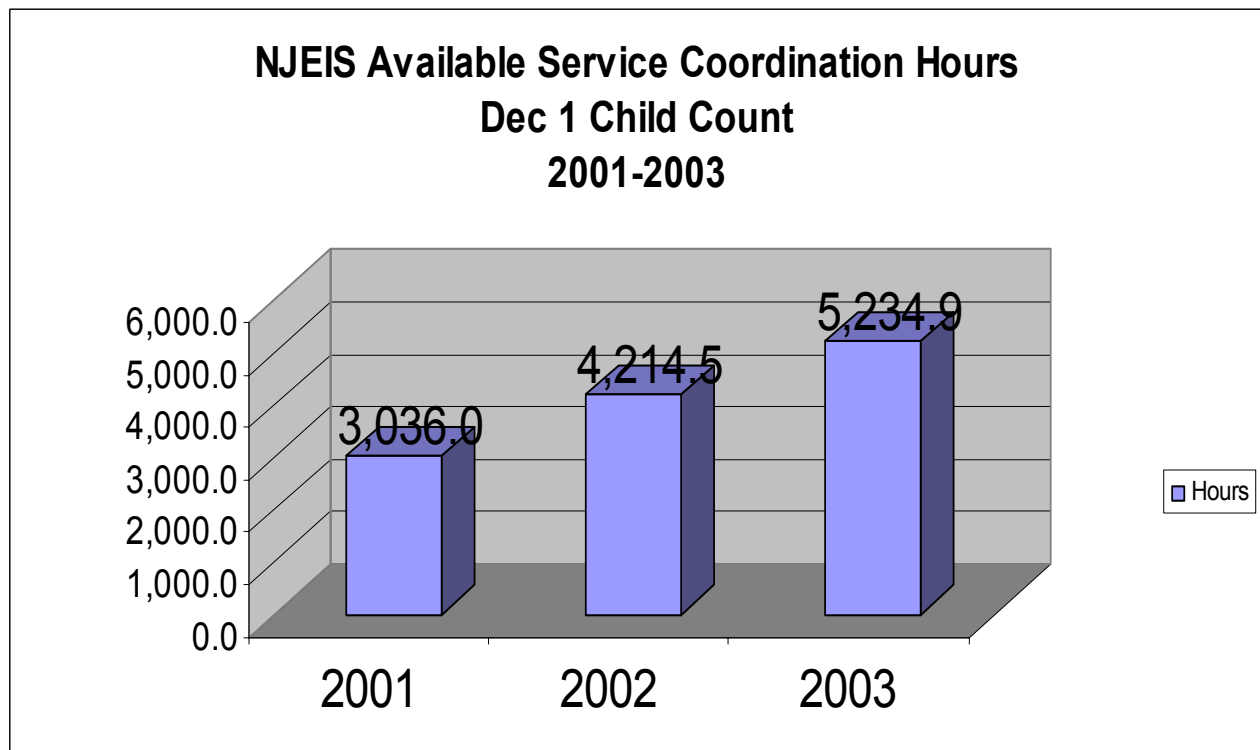
NJEIS Service Coordination Structure

- The New Jersey Special Child Health Services County Case Management Units (SCHS CMUs) provide targeted service coordination for early intervention in each county.
- A statewide list of SCHS-CMUs is disseminated to all primary referral sources through the New Jersey Department of Education CHILD FIND Project, Resources, the Central Directory; and REICs. Once a SCHS- CMU receives a referral for early intervention, a service coordinator is appointed for the child and family within 2 days.
- In June 2001, the state required and provided funding to reduce service coordinator caseloads to a maximum of sixty to one. DHSS and REICs monitor monthly reporting of service coordination caseloads from the Special Childhood Health Services-Case Management Units.
- In order to ensure that service coordinators have the knowledge and skills necessary to provide quality service coordination for families, they are included in training and technical assistance events for early intervention personnel and they participate in quarterly SCHS-CMU meetings that provide technical assistance and topical/resource information.
- REICs are responsible for providing regional opportunities for technical assistance and support through regularly scheduled meetings. For example:
 - Service coordination technical assistance meetings are held monthly in the Northeast region to support Service Coordinators and provide on-going training and technical assistance. These meetings are regional, which offers service coordinators

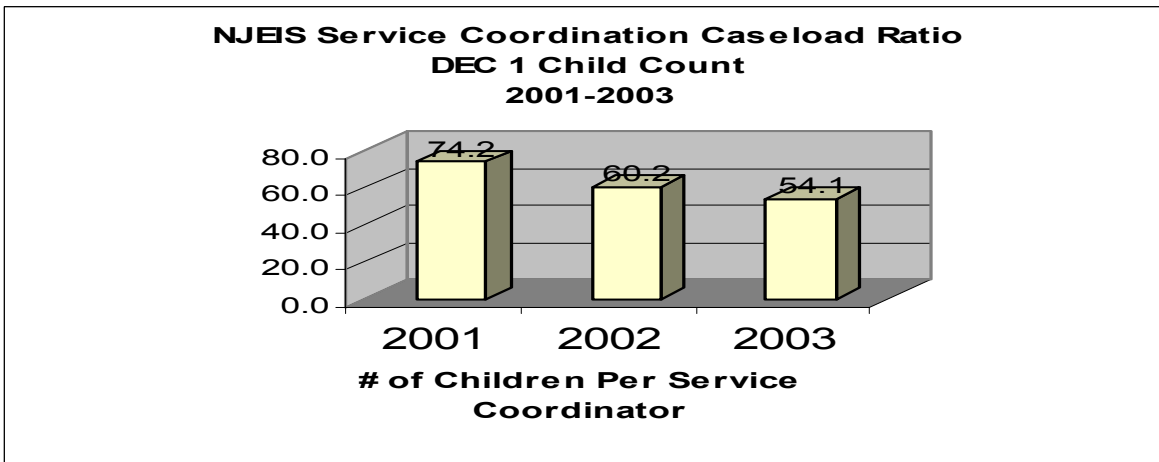
opportunity to share ideas that work. The regional meetings act as follow-up sessions to state meetings where new forms or new procedures are introduced. Additional technical assistance is provided through the meeting to support smooth inclusion of new providers for children and families.

- Family Link REIC has arranged peer mentoring meetings, every other month, with all Service Coordinators. The service coordinators have built a collaborative working relationship with their REIC T&TA Coordinator. Discussions include issues directly related to service delivery for children and families.
- The Southern REIC T&TA Coordinator attends monthly collaborative meetings between County SCHS units (Burlington, Camden, and Cape May) and their respective EIP agencies. Attendance at this meeting is to provide ongoing technical assistance on system issues and to answer any questions that may arise.

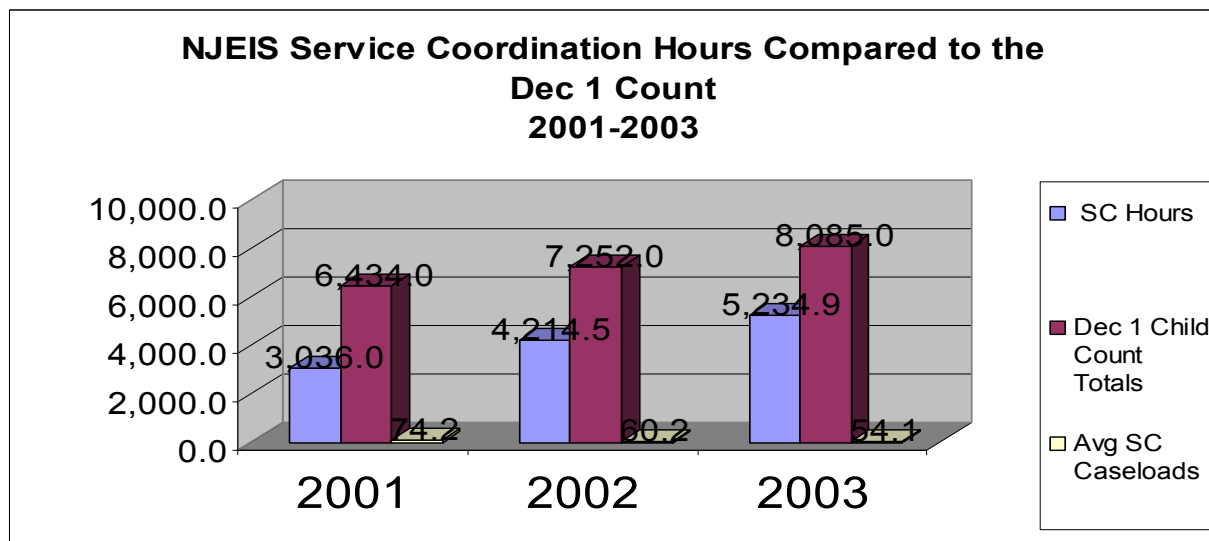
Service Coordination Data



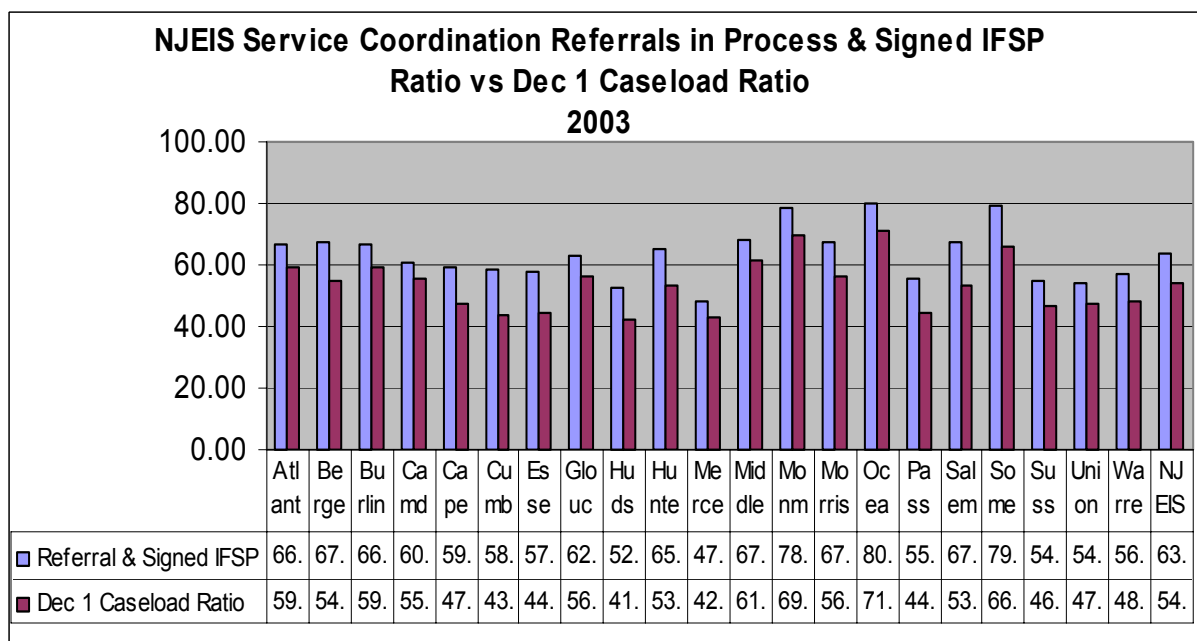
NJEIS Available Service Coordination Hours: This table reflects an increase in the number of available service coordination hours as reported by SCHS-CMUs through a state personnel survey data conducted for state information collected during the December 1 Federal count each year.



NJEIS Service Coordination Caseload Ratio: This table illustrates the significant decrease in service coordination caseload from 70.2 in 2001 to 54.9 in 2003 based on children with an IFSP identified through the December 1 Federal Child count. Note this only includes children with IFSPs and does not reflect new referrals.



NJEIS Service Coordination Hours Compared to Dec 1 Count: The table above illustrates available service coordination hours on December 1 as compared to the December 1 count of children with IFSPs. This data documents that the service coordination caseload ratio has decreased from 78.2 in 2002 to 54.9 in 2003. Note this only includes children with IFSPs and does not reflect new referrals.



NJEIS Service Coordination Referrals in Process & Signed IFSP Ratio vs. December 1 Caseload Ratio: This table takes in to account all children in a service coordinators caseload from referral to IFSP including new families referred, children/families in the intake evaluation/assessment process and children with IFSPs. For each county this table portrays the ratio for full caseloads to the December 1 IFSP count.

Family Survey Results

In fiscal year 2003 (July 2002-June 30, 2004), surveys were distributed to families in both English and Spanish at designated key points in time in the early intervention process. These surveys were part of a larger effort to document and assess family experiences and satisfaction in NJEIS. In particular, those surveys focused on measuring coordination of services and family-centeredness, including the availability of family supports.

Three of the four regions used a post card series based on a Yes/No response to document family experiences at key points in time (i.e. Intake, Evaluation, IFSP Development, Service Delivery, and Transition). The fourth region used a different instrument based on a Likert-type scale, to survey families at the time of evaluation. This region also partnered with Middlesex County Economic Opportunities Corporation (Early Head Start) to survey families in Middlesex County on family support, as well as UMDNJ Graduate School of Public Health to survey family's attitudes, beliefs and experiences about children with special needs.

All four regions surveyed families about their experiences with the **service coordination process**.

- In three regions, 99.3% of families who responded reported they were **listened to** by their service coordinator. In Mid-Jersey Cares region families who responded "strongly agreed" that they were listened based on an average score of 4.7 on a 5 point scale.
- In three regions, 99.2% of families who responded reported that at intake they **received the information** they needed by their service coordinator. In Mid-Jersey Cares region

families who responded “strongly agreed” that they received the information they needed based on an average score of 4.6 on a 5 point scale.

- In three regions > 97% of families reported that their evaluations and IFSP meetings were held at a **convenient time and place**. In Mid-Jersey Cares region families who responded “strongly agreed” that their evaluations and IFSP meetings were held at a convenient time and place, based on an average score of 4.75 on a 5 point scale.

2. Targets (July 1, 2002 – June 30, 2003)

- By February 2003, NJ will submit final policy changes on personnel standards to OSEP with Federal Fiscal Year (FFY) 2002 revisions to New Jersey Part C Application, including a service coordinator associate position to assist with family intake and referral DHSS will propose expansion of personnel standards to include Bachelor degreed Certified Social Workers and Service Coordinator Associates. This is designed to increase staffing potential which will maximize available support to families and lessen the intensity of caseload responsibilities for service coordination.
- In June 2001, the state required and provided funding to reduce service coordinator caseloads to a maximum of sixty to one. DHSS and REICs monitor monthly reporting of service coordination caseloads from the SCHS-CMUs.
- By July 1, 2002, it was required that any SCHS-CMU that does not ensure a 60/1 maximum service coordination caseload will submit to the lead agency an improvement plan outlining status, problems encountered, and strategies for improvement with timelines.
- By June 2003, competencies in two levels: those expected of entering early intervention personnel and those expected after one year of orientation learning experiences will be finalized. A multi-step orientation training package that incorporates “behavior change” strategies for new early intervention personnel will be developed and implemented. The package will include documentation of steps completed. This multi-step orientation training addresses the specific needs that lead to ensuring service coordinators understand and perform job responsibilities.

3. Explanation of Progress or Slippage: (July 1, 2002 – June 30, 2003)

- In April, NJOSEP approved final policy changes on personnel standards in the New Jersey Part C Application to including a Service Coordinator Associate position and a Bachelor degreed Certified Social Worker to assist with family intake and referral.
- DHSS met with Coordinators of SCHS-CMUs in May 2003 to discuss options to address caseload discrepancies in individual counties.
- In SFY 2003, a FTE service coordinator was employed through an REIC to supplement service coordination caseload in one county not able to meet the 60/1 caseload.
- The Service Coordination Data Tables document continued reduction in service coordination caseload over time.
- NJEIS CSPD designed a Competency-Based Orientation System (CBOS) for all newly hired service coordinators. It is based on the premise that the highest quality service coordination will be provided by professionals who have achieved an acceptable level of competence as measured by the NJEIS Service Coordinator Competencies.

- By June 2003, sixty one service coordinator competencies were created, reviewed by a competency stakeholder task force and adopted.
- By June 2003, NJ designed case logic and indicator models as the foundation of an evaluation plan to collect data on the implementation of the service coordination training materials.

4. Projected Targets (July 1, 2003 – June 30, 2004)

- FY'04 grant applications will be reviewed to identify vacant positions and plans will be requested to address filling vacancies within 2 months. If vacancies cannot be addressed in a timely manner with technical assistance, enforcement mechanisms as authorized in Attachment C will be implemented.
- The new electronic data system will allow the state and REICs to ensure child/family assignment of a service coordinator and to run reports on individual service caseloads through the SPOE software.
- Service coordination data will be used for ongoing improvement planning and focused monitoring as appropriate.
- The regional administered statewide surveys will obtain specific information from families related to service coordination activities.
- NJEIS CSPD will implement a Competency-Based Orientation System (CBOS) for all newly hired service coordinators.

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
Service coordination data will be reviewed periodically.	Ongoing on a monthly basis DHSS-EIS, REICs, and SCHS-CMUs
Based on periodic monthly review of service coordination data, improvement planning will be developed and implemented as needed.	Ongoing as necessary DHSS-EIS, REICs and SCHS-CMUs
In the event compliance issues are identified, corrective action plans will be developed and implemented.	Ongoing as necessary DHSS-EIS, REICs and SCHS-CMUs
Statewide family surveys will be administered to obtain base line information including service coordination activities.	June 2004 REICs
Observation learning opportunity activity will be implemented in all 21 SCHS units.	CSPD Project Specialists, Regional T/TA, and SCHS-CMU Unit Coordinators by December 2003
The Self-study learning opportunity module will be implemented in all 21 SCHS units.	CSPD Project Specialists and SCHS- CMU Unit Coordinators By May 2004.

Performance Indicator CE.II:

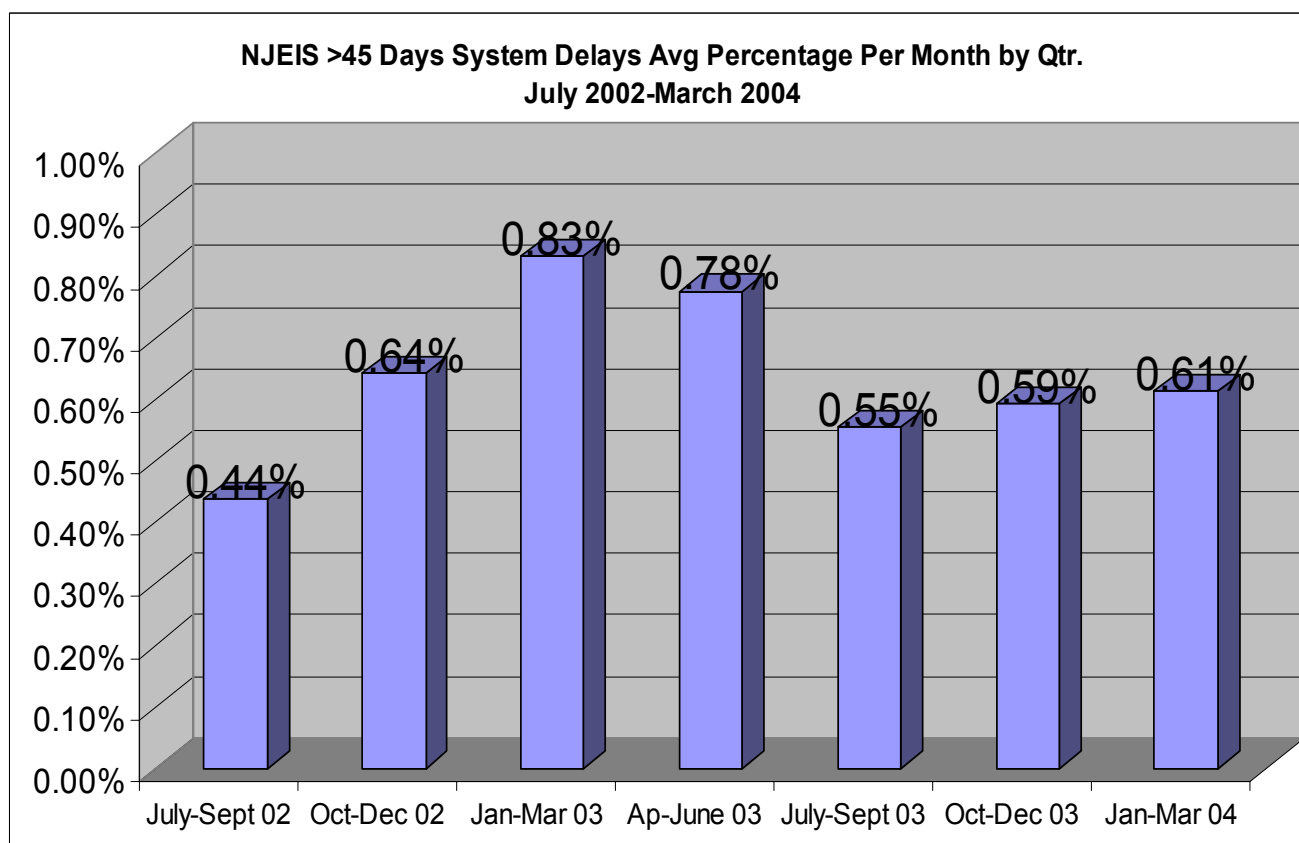
The timely evaluation and assessment of child and family needs leads to identification of all child needs, and the family needs related to enhancing the development of the child. See NJEIS Information contained in Family Centered Services Cluster Area CIII.

1. Baseline/Trend Data

NJEIS Evaluation/Assessment Structure

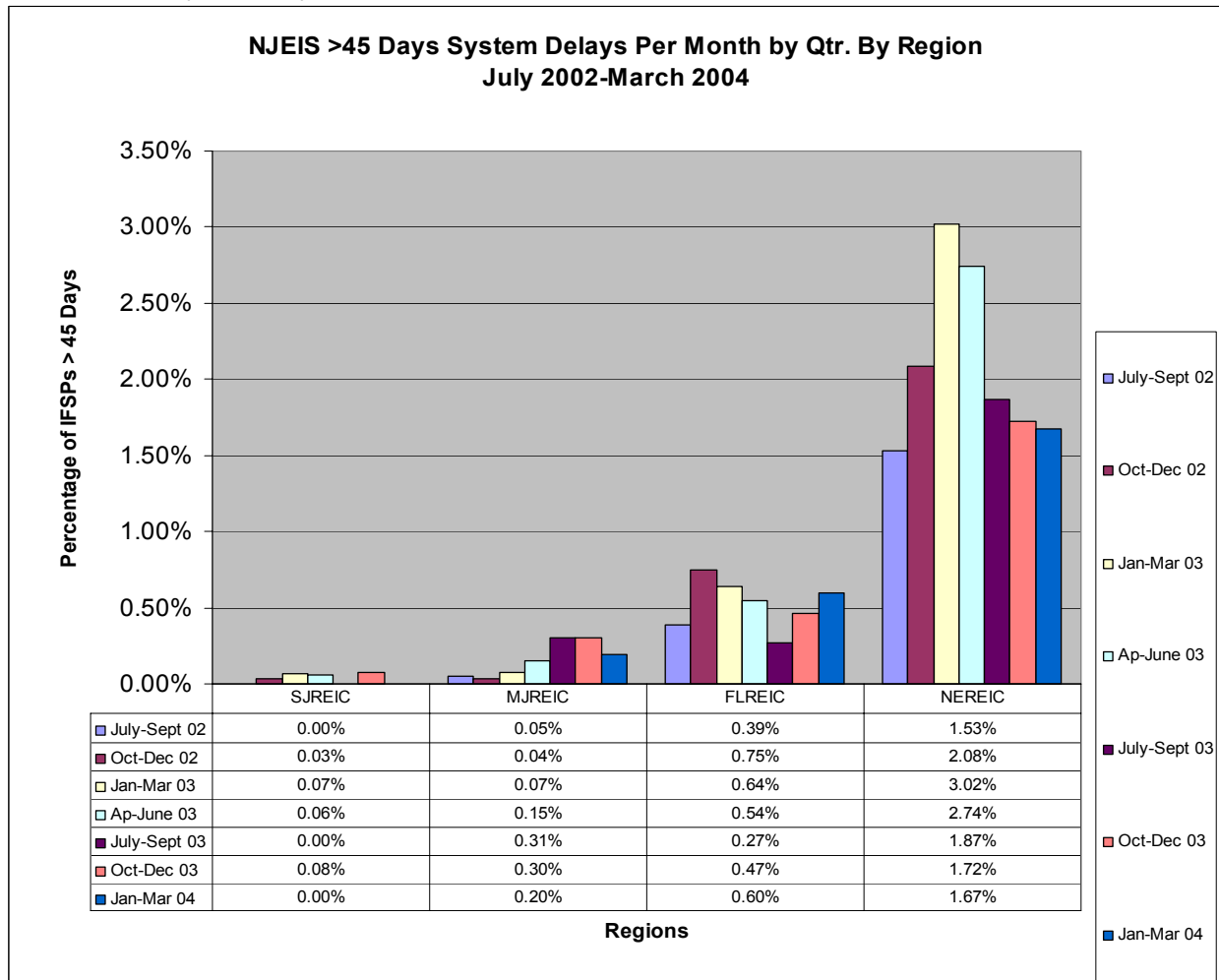
- NJEIS contracts with a minimum of one provider agency in each of the twenty-one counties to conduct targeted evaluation, assessment, determine eligibility and participate in the development of initial IFSPs.
- Following determination of eligibility the service coordinator convenes an initial IFSP meeting and locates services for the child and family.
- In SFY 2002, 8,540 evaluations were conducted.
- All areas of development are evaluated and/or assessed and reported through standard evaluation summaries and state IFSP form. Record reviews have not identified non-compliance in this area.

Evaluation/Assessment Eligibility Data



NJEIS > 45 days Delays Average Percentage Per month by Quarter: This table illustrates the percentage of initial IFSP meetings occurring past 45 days due to system delays. This

does not include delays with family extenuating circumstances. These data reported monthly by service coordination documents that over 99% initial IFSP meetings occur within forty-five days.



NJEIS > 45 Days System Delays by Month, by Quarter, by Region: This table provides data on the percentage of initial IFSP meetings that occurred greater than forty-five days from the referral date. Data is reported by region for each quarter from July 02 through March 04. The data show that in Southern, Mid-Jersey and Family Link regions over 99% of initial IFSP meetings occur prior to forty-five days. Data for the Northeast region illustrates the positive effect of the system response to placing additional service coordination at the REIC during SFY 2003 when the small delays in meeting the forty-five day time period emerged.

State Record Review

The April 2004 sample record review pilot indicated that all 76 records reviewed contained the appropriate documentation that eligibility was determined in accordance with the NJEIS definition.

The record review pilot identified some delays in the 45 day timeline with the mean number of days at 45.17. This raised an immediate need to enhance the SPOE software to improve this data collection element for ongoing monitoring.

Family Survey Data

In fiscal year 2003 (July 2002-June 30, 2004), surveys were distributed to families in both English and Spanish at designated key points in time in the early intervention process. These surveys were part of a larger effort to document and assess family experiences and satisfaction in NJEIS. In particular, those surveys focused on measuring coordination of services and family-centeredness, including the availability of family supports.

Three of the four regions used a post card series based on a Yes/No response to document family experiences at key points in time (i.e. Intake, Evaluation, IFSP Development, Service Delivery, and Transition). The fourth region used a different instrument based on a Likert-type scale, to survey families at the time of evaluation. This region also partnered with Middlesex County Economic Opportunities Corporation (Early Head Start) to survey families in Middlesex County on family support, as well as UMDNJ Graduate School of Public Health to survey family's attitudes, beliefs and experiences about children with special needs.

All four regions surveyed families about their experiences during the **evaluation process**:

- In two regions, 99% of families who responded reported their **input** regarding their child was **valued and useful** to the evaluation. In Mid-Jersey Cares region families who responded reported that they "strongly agreed" that their input regarding their child was valued and useful to the evaluation based on an average score of 4.79 on a 5 point scale. In the Family Link region 98% of families who responded reported that they were asked to share information about their child during evaluation.
- In three regions, 98% of families who responded reported that the **evaluation results were immediately discussed**. In Mid-Jersey Cares region families who responded reported they "strongly agreed" that the evaluation results were discussed immediately based on an average score of 4.77 on a 5 point scale.
- In the Southern region, 97.3% of families who responded felt the **evaluation gave a clear picture of their child's strengths and needs**. In Mid-Jersey Cares region, families who responded reported they "strongly agreed" that the evaluation gave a clear picture of their child's strengths and needs based on an average score of 4.63 on a 5 point scale.

2. Targets (July 1, 2002 – June 30, 2003)

- Maintain an appropriate number of targeted evaluations teams to ensure timely evaluation and assessment.
- Review intake process and service coordination communication to ensure that targeted evaluation teams receive all necessary information.

3. Explanation of Progress or Slippage:

- Targeted evaluation teams were increased or catchment areas expanded to meet evaluation/assessment needs.

- 9,755 evaluations were conducted during SFY 2003, representing an increase of 1215 evaluations over SFY 2002.
- A statewide uniform intake form was developed and implemented.

4. Projected Targets (July 1, 2003 – June 30, 2004)

- At least one member of the targeted evaluation team will be knowledgeable and skilled in the primary area of concern identified through referral and intake.
- At least one member of the targeted evaluation team will be knowledgeable and skilled in early childhood development.
- By October 1, 2004, the Northeast region will complete and have a plan in place to address delays in 45 days. Minimal plan requirements will include an individualized projection for Adequate Monthly Progress (AMP), provided by state office, for full compliance by February 2005.
- By September 2004, the SPOE software will be enhanced to require a reason for any delay in the 45 day timeline. When data are available, the REICs and State will monitor delays and target for immediate corrective action.
- To ensure continued compliance, state monitoring staff will review monthly 45-day data reports and initiate immediate corrective action as needed.
- Targeted evaluation teams will increase their knowledge and skills in assessing children when autism is present or suspected.

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
The targeted evaluation team contract was revised to increase accountability of team members	July 2003 DHSS REICs
The SPOE software will be enhanced to display a message that a delay reason is required if the Initial IFSP is past 45 days from referral.	June 2004 DHSS-EIS CMO
Evaluation, assessment, and 45 day timeline data will be reviewed periodically.	Ongoing on a monthly basis DHSS-EIS, REICs, SCHS-CMUs
Based on periodic monthly review of evaluation, assessment, and 45 day timeline data, improvement planning will be developed and implemented as needed.	Ongoing as necessary DHSS-EIS, REICs, SCHS-CMUs
In the event compliance issues are identified, corrective action plans will be developed and implemented.	Ongoing as necessary DHSS-EIS, REICs, SCHS-CMUs
Statewide family surveys will be administered to obtain base line information including evaluation, assessment and IFSPs.	June 2004 REICs

Performance Indicator CE.III

IFSPs include all services necessary to meet the identified needs of the child and family. All services identified on IFSPs are provided.

1. Baseline/Trend Data (July 1, 2002 – June 30, 2003)

The 2001 OSEP Monitoring Report included the following statements:

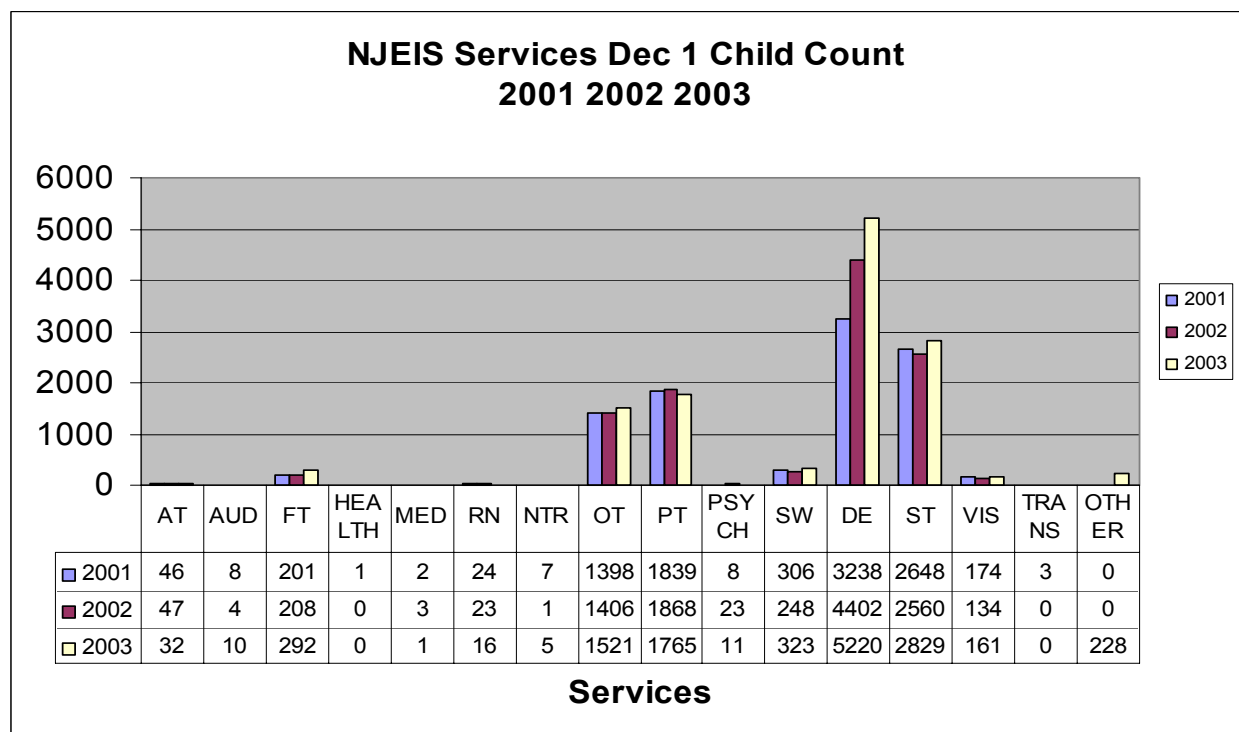
- The Office of Special Education Programs (OSEP) found that Individualized Family Service Plan (IFSP) teams are not making individual decisions for IFSP services for all infants and toddlers with disabilities, based on the unique needs of each child and family. The conclusion was based on interviews and record reviews:
 - OSEP reviewed 34 records from three Regions around the State. All IFSPs indicated that services would be provided from 1-2 hours per week, total for all services. Regardless of the severity or need, 2 hours per week was the maximum provided. None of the IFSPs provided for additional services paid for by parent fees.
 - DHSS, regional staff, service coordinators, service providers and administrators all reported concerns that individualized IFSPs are not being developed and that most children receive 2 hours per week of services at public expense regardless of whether they need more or fewer hours.
 - Families in three of the four locations visited stated that infants and toddlers are eligible for only 2 hours of services per week under the Part C system in New Jersey;
 - In one service area, 8 out of 9 parents reported that the service coordinator informed them to contact their insurance companies for additional services, but the service coordinator did not assist in this activity as required under Part C.
 - In one location the families report that infants and toddlers receive the services that are needed, although the IFSPs that were reviewed indicate they receive 1 to 2 hours of services per week.
- OSEP has received telephone calls from advocates and parents of children with autism because they believed their children were not receiving the services they needed.
- Procedural Safeguards reports and parental contacts with OSEP corroborate that IFSP teams are not developing individualized IFSPs based on extensive needs of children with autism due to lack of staff experienced in working with children with autism.

NJEIS IFSP Service Structure:

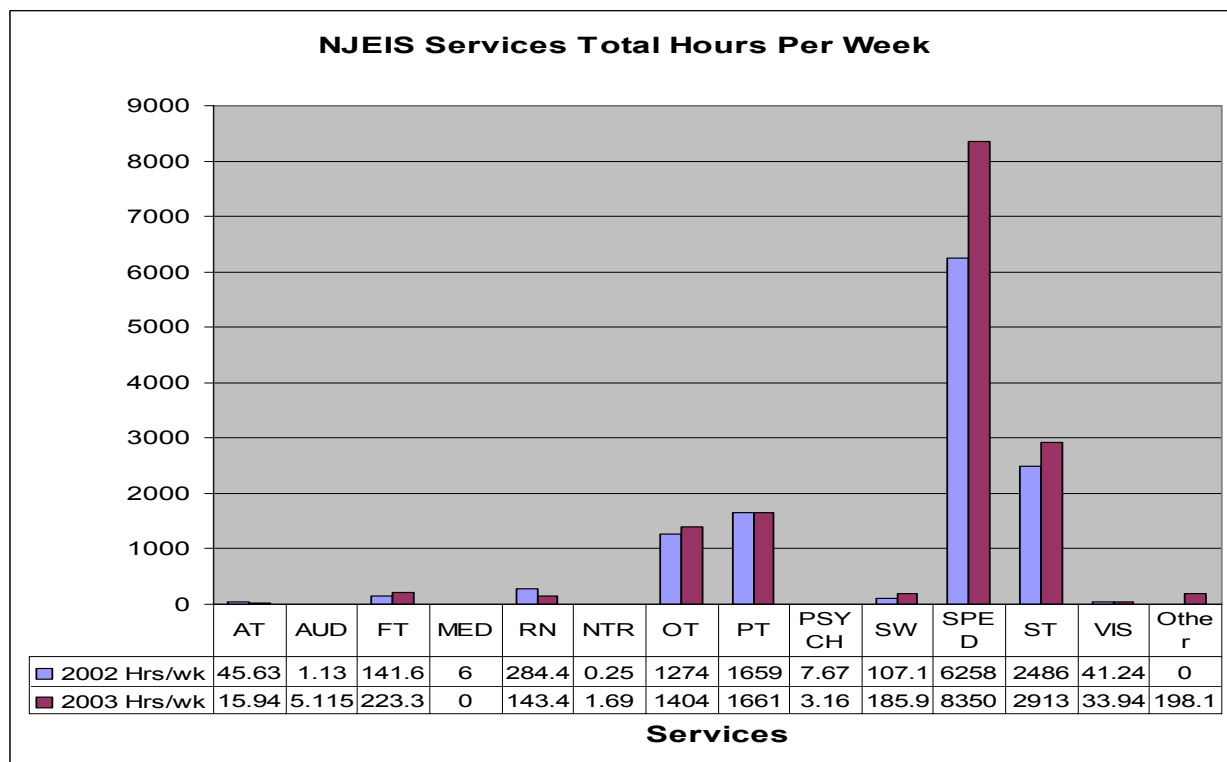
- All new early intervention personnel are required to receive initial orientation experiences including 2 day orientation training within 6 months of hire to enable them to appropriately develop and implement individualized IFSPs.
- In 1999, the NJEIS convened an Early Intervention Autism Task Force that included stakeholders, families and interagency representation.
- The task force was charged with enhancing the state's capacity to provide equitable access to appropriate evaluations and services for children with autism spectrum disorders.
- The task force developed statewide collaboration with persons providing services for children with autism through diverse perspectives and identified the following priorities:
 - Individualization of IFSPs;
 - Delivery of early intervention services based on evidence based practice;

- Unbiased information sharing with families; and
- Personnel development.
- The Autism Project Specialist provides ongoing, regularly scheduled and as needed technical assistance to IFSP teams regarding nationally identified best practice parameters for children with an autism spectrum disorder.
- All “justifications for services above 20 hours” on IFSPs for children with autism spectrum disorders are required to be submitted to the lead agency. The autism project specialist reviews for completeness and appropriateness. Written or verbal technical assistance is given to individual teams as needed. This review does not result in state unilateral changes to IFSPs.
- New Jersey utilizes a standard individualized family service plan (IFSP) document statewide for all enrolled children and their families.

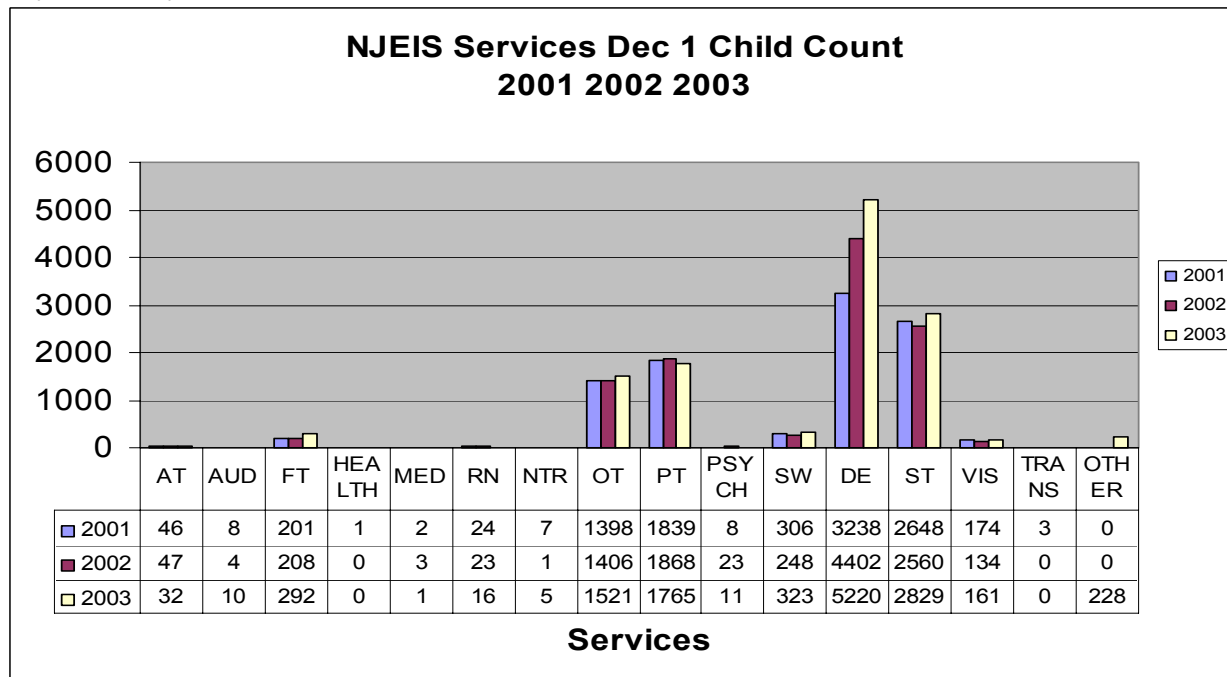
NJEIS IFSP Service Data



NJEIS Services Dec 1 Child Count: This table illustrates trend data on the number of children with IFSPs identified by service type.

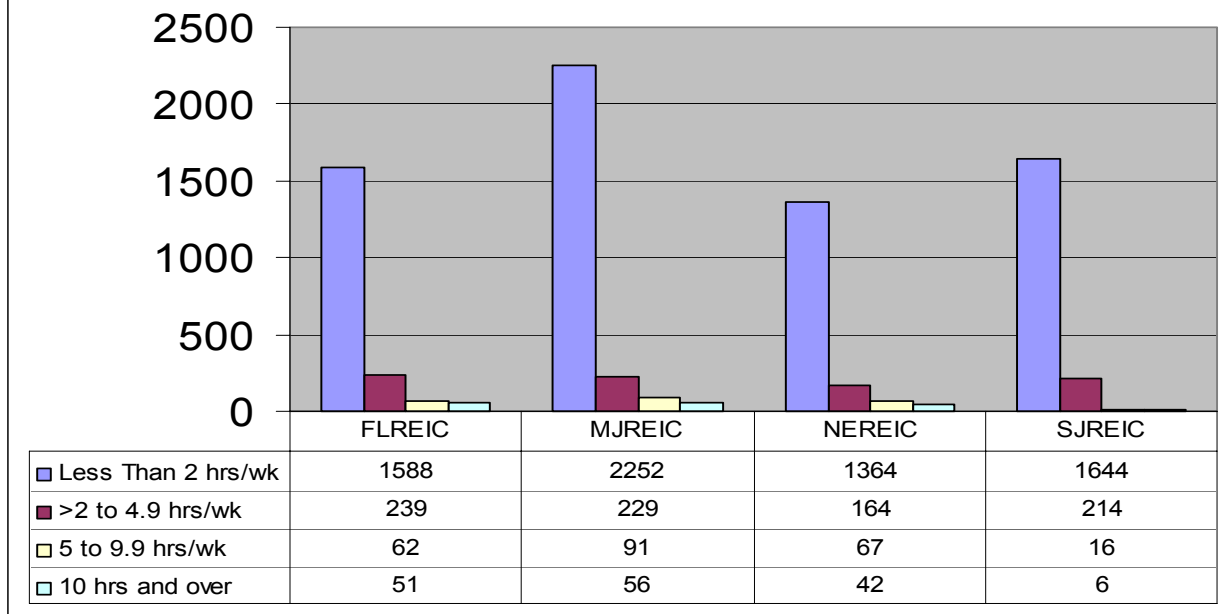


NJEIS Services Total Hours Per Week: This table illustrates total hours per week identified by service type based on December 1 record audit.



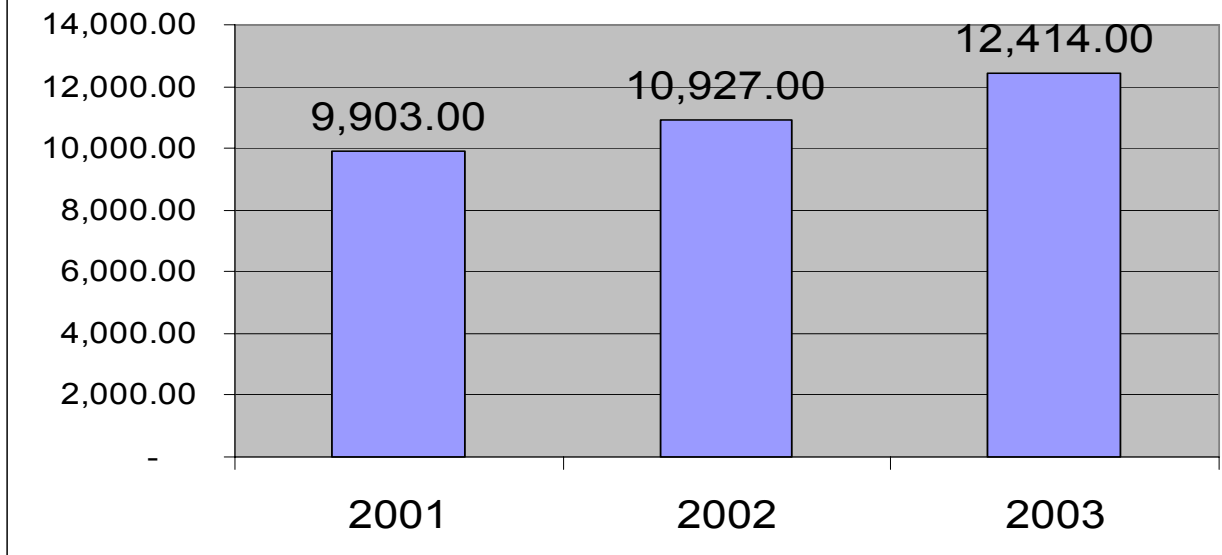
NJEIS Services Dec 1 Child Count: This table illustrates trend of the number of service types identified on IFSPs based on the December 1 record audit.

NJEIS Services Per Week by Region Dec 1 Child Count 2003

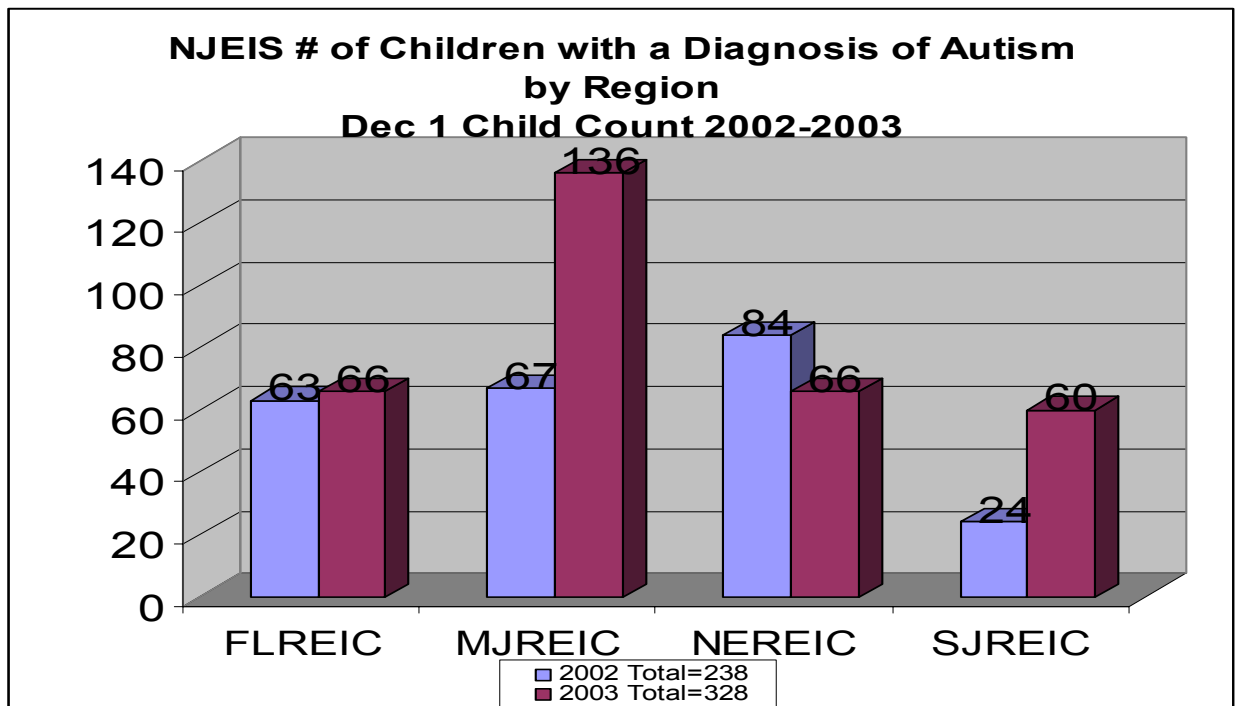


NJEIS Services Per Week by Region: This table illustrates the hours of services identified on IFSPs by regions. The data documents that IFSPs vary in intensity of hours.

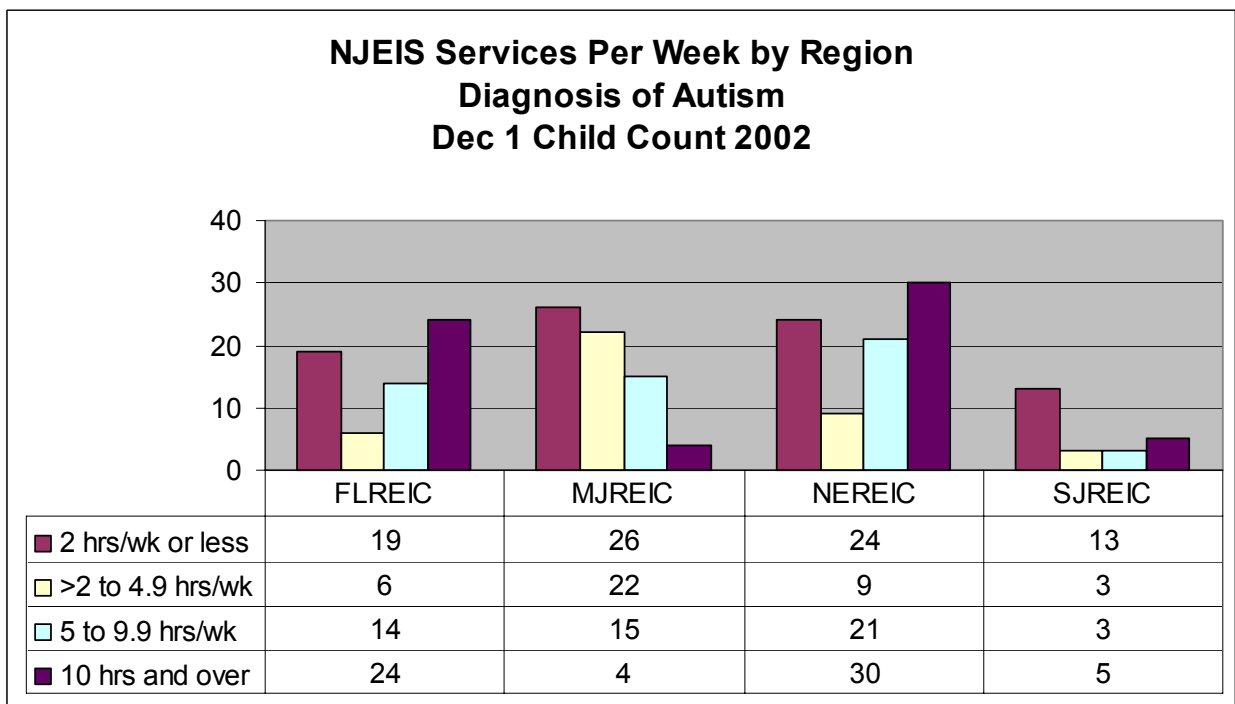
NJEIS Total Hours of Service Dec 1 Child Count 2001, 2002, 2003



NJEIS Total Hours of Service: This table illustrates trend of the total amount of service hours identified on IFSPs from the December 1 record audit.

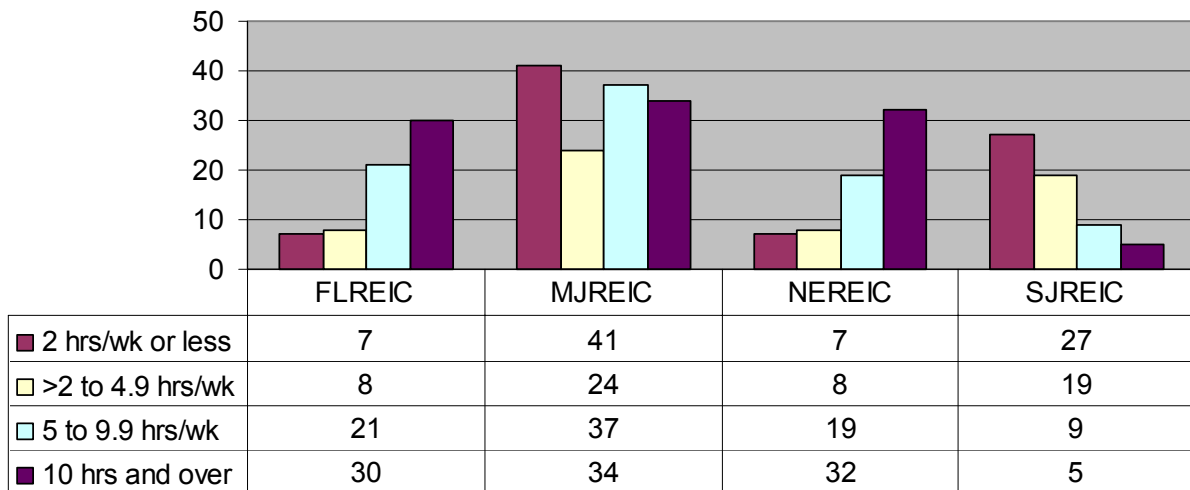


NJEIS Number of Children with a Diagnosis of Autism by Region: This table illustrates the trend of the total number of children with a diagnosis of autism by region from the December 1 record audit.



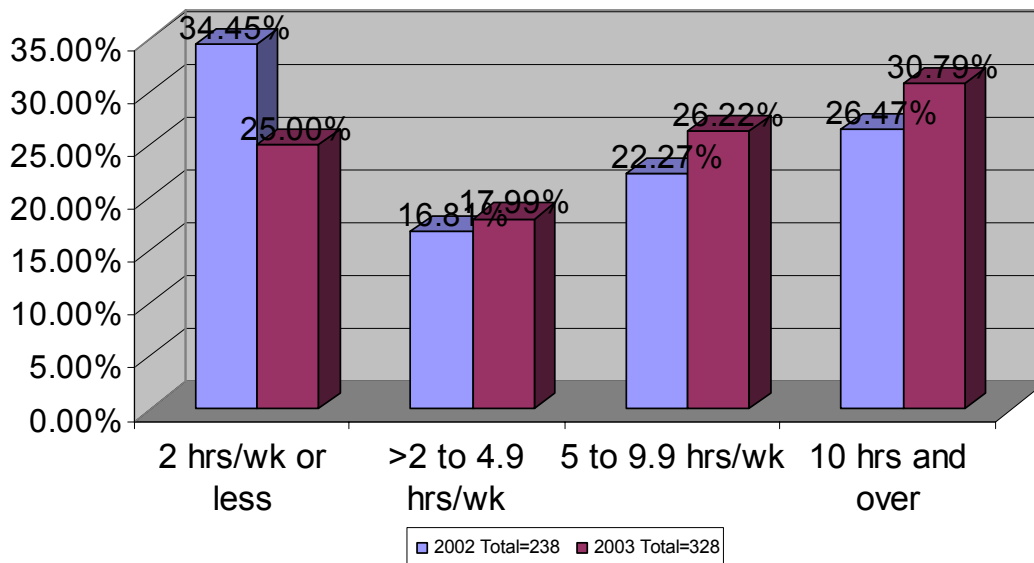
NJEIS Services Per Week by Region Diagnosis of Autism: This table illustrates the hours of services identified on IFSPs by regions for SFY 2002. The data documents that IFSPs vary in intensity of hours.

**NJEIS Services Per Week by Region
Diagnosis of Autism
Dec 1 Child Count 2003**



NJEIS Services Per Week by Region Diagnosis of Autism: This table illustrates the hours of services identified on IFSPs by regions for SFY 2003. The data documents that IFSPs vary in intensity of hours, and an increase in the number of hours of service for children with a diagnosis of autism compared to the 2002 data.

**NJEIS % Services Per Week Diagnosis of Autism
Dec 1 Child Count 2002-2003**



NJEIS Percentage of Services Per Week Diagnosis of Autism: This table illustrates that there was an increase in the number of hours children with a diagnosis of autism from SFY 2002 to 2003.

Family Survey Data

In fiscal year 2003 (July 2002-June 30, 2004), surveys were distributed to families in both English and Spanish at designated key points in time in the early intervention process. These surveys were part of a larger effort to document and assess family experiences and satisfaction in NJEIS. In particular, those surveys focused on measuring coordination of services and family-centeredness, including the availability of family supports.

Three of the four regions used a post card series based on a Yes/No response to document family experiences at key points in time (i.e. Intake, Evaluation, IFSP Development, Service Delivery, and Transition). The fourth region used a different instrument based on a Likert-type scale, to survey families at the time of evaluation. This region also partnered with Middlesex County Economic Opportunities Corporation (Early Head Start) to survey families in Middlesex County on family support, as well as UMDNJ Graduate School of Public Health to survey family's attitudes, beliefs and experiences about children with special needs. All four regions surveyed families about their experiences during the IFSP process:

- In three regions, 98% of families who responded reported that the **IFSP process was explained** to them.
- In the Southern region, 99% of families who responded reported that IFSP **included their family's daily routines and/or activities**. In Mid-Jersey Cares region, families who responded strongly agreed that the IFSP included their daily routines and/or activities based on an average score of 4.63 on a 5 point scale.
- In two regions, 72% of families who responded reported that **Family Supports** were discussed at their IFSP meeting. In one region, 95% of families who responded reported they were given the option to invite others to the IFSP meeting. In collaboration with UMDNJ, Mid Jersey Cares region families who responded reported that 12% get specialized medical care and 12% want these services; 1% get family counseling and 14% want these services; 2% attend support groups and 22% want to attend support groups; 12% attend play groups and 47% want to attend play groups; 17% receive family training and 44% want family training; 37% receive information on child growth and development and 51% want to receive this information; 24% receive information on their child's special needs and 48% would like to receive this information; 24% receive information about help from other sources and 44% would like this information.

In another survey done by Middlesex County Early Head Start, in collaboration with Mid-Jersey Cares, families who responded reported their pediatrician was a key resource. Others cited nurses, social workers, early intervention and child study teams. And, while families were generally satisfied with the professionals assisting in the care of their child, they also wanted additional support. They indicated they needed:

- Support groups;
- Training for themselves and family member;
- Information about growth and development;
- Information about their child's special needs; and
- Information and registration with DDD

The severity of the diagnosis and income were related to the requests for these additional resources. (Middlesex County Economic Opportunities Corporation, Special Needs Survey Report, 2003)

All four regions surveyed families about their early intervention services:

- In two regions, 94.5% of families who responded reported that their early intervention services fit the needs of their child and family.
- In two regions, 95.5% of families who responded reported that their early intervention services helped them to feel more confident about meeting their child's needs.
- In two regions, 96.2% of families who responded reported that they received instruction to help them with their child.

2. Targets (July 1, 2002 – June 30, 2003)

- The Autism workgroup will complete a review of and provide recommendations from the 2001 report Educating Children with Autism supported by the National Research Council of the National Academy of Sciences and the US Department of Education that will lead to the development of service guidelines.
- NJEIS will develop and disseminate Service Guidelines for Children with Autism Spectrum Disorders.
- The Autism Project Specialist will provide local, regional and state level training on issues related to serving children with an autism spectrum disorder.
- The Autism Project Specialist will attend IFSP meetings of children with autism to provide technical assistance to IFSP teams on individualization of IFSP development and consideration of best practice parameters.
- The monitoring system includes procedures that review IFSPs to determine if plans are individualized and being implemented as written (CMO database, self-assessment and on-site visit).
- Until the early Intervention Management Information System (EIMIS) can be fully implemented, an annual paper audit of IFSPs will be conducted in conjunction with the federal December 1 Count.
- Review of statewide and regional IFSP December 1 data from 2002 to 2003 then to 2004 will give evidence of increase in variety and frequency of services across diagnosis, and targeted specialized populations.
- By June 2003, competencies in two levels: those expected of entering early intervention personnel and those expected after one year of orientation learning experiences will be finalized. A multi-step orientation training package that incorporates "behavior change" strategies for new early intervention personnel will be developed and implemented. The package will include documentation of steps completed.
- By June 2003, program administrators will attend regional meetings to introduce materials for implementation at the local level.
- The CSPD Coordinator and 4 regional T&TA Coordinators will plan and conduct ongoing statewide and regional training and technical assistance activities that facilitate individualized IFSP planning. These activities will be provided in collaboration with regional CSPD committees.
- DHSS will establish and secure an Autism Project Specialist for the early intervention system to ensure individualized services for children with autism spectrum disorders and their families. Priority activities for this position will include writing service guidelines for delivery of early intervention to young children with ASD; attending IFSP

meetings that require specific expertise in autism; and providing liaison to the Part C and Department of Education (DOE) Autism workgroups.

- A Finance Task Force will be convened to provide recommendations about 1) disbursement of early intervention funds through competitive contractual arrangements, 2) methods to bill third party sources and 3) revising the current sliding fee scale in such a way as to place a cap on total family liability for payment of early intervention services.
- DHSS/EIS staff will attend regular workgroup meetings with key participants of New Jersey's Special Education Medicaid Initiative (SEMI) to review issues and activities related to Medicaid reimbursement including adequate and consistent use of Early Periodic Screening, Diagnosis and Treatment (EPSDT) for referral and evaluation.
- Early intervention staff will work with Maximus to: (1) evaluate Medicaid rates for reimbursement of services, new rates are under review; (2) conduct on-going monitoring of approved early intervention Medicaid providers; (3) provide direct technical assistance to providers to remediate issues in processing claims; and (4) distribute, and as needed provide training on the Early Intervention Medicaid Initiative Handbook. These efforts should maximize Medicaid reimbursement for services that increase available funds. In NJ all funds reimbursed for early intervention services through Medicaid are used to support direct services.

3. Explanation of Progress or Slippage (July 2002 – June 30, 2003)

- Competencies were completed in May 2003.
- DHSS developed and disseminated state Service Guidelines for Children with Autism Spectrum Disorders based on two Autism Task Force work products: "Writing Appropriate IFSPs" and "Review of Educating Children with Autism." Statewide implementation was completed by July 1, 2003.
- During the 02-03 year 578 persons were trained on the content and best practice parameters put forth in the Service Guidelines for Children with Autism Spectrum Disorders. The 578 included service coordination units, system providers, regional collaborative staff, community advocacy groups, families and state employees.
- The NJEIS adopted the "elements of effective practice" recommended by the National Research Council in the publication Educating Children with Autism (2001).
- During 2003 the Autism Project specialist provided for one family with twins and their early intervention provider, a 3 hour in-home clinical consultation to address severe and persistent behavioral problems. The consultative visit was followed up with a 5 page report of recommendations that the team was able to successfully implement resulting in improved outcomes for both children.
- Regional orientation trainings conducted in fiscal year '03 document participation of providers in training on the development and implementation of Individualized Family Service Plan to enable them to appropriately develop and implement individualized IFSPs. In SFY'03, eight 2-day orientation sessions were conducted with 277 new early intervention personnel receiving training.
- During FY 2003, in response to a new state policy regarding the use of discipline-specific therapy, the Mid-Jersey REIC Training and Technical Assistance Coordinator designed, planned & implemented 6 workshops--1 in each county in the region regarding implementation of Developmental Intervention and discipline-specific therapy. The

response to the trainings was excellent and many attendees felt they received needed clarification on the intent of merging discipline-specific services with developmental intervention.

- Based on issues and questions received from parents, service coordinators, and providers, as well as review of records of children with oral-motor feeding issues, the Mid-Jersey REIC established, coordinated, and facilitated a specific Oral-Motor/Feeding Workgroup that consisted of specialists and direct service personnel familiar with oral-motor feeding. The goal of the group was to clarify questions and concerns regarding the role of EI and oral-motor/feeding, eligibility, type of service, and medical clearance needed. A working guidelines draft was written and included a literature search and review of policies and procedures from other states. The final draft of Proposed Working Guidelines was submitted to DHSS. The group conducted a training day to present the guidelines draft to service providers. The guidelines will be piloted in 3 counties (Mercer, Hunterdon, Monmouth) and will be revised based on feedback.
- During SFY'03, the Autism Project Specialist attended 10 IFSP meetings of children with autism to provide technical assistance to IFSP teams on individualization of IFSP development and consideration of best practice parameters.
- The Finance Task Force met over FY'02 and FY'03 and submitted recommendations to DHSS. Resulting DHSS's actions included RFP for competitive bid to establish a centralized finance system (expected to be implemented after January 2004.) The Task Force endorsed a proposal to eliminate the 2 hour rule for service delivery. The Department's proposal to revise the family cost share system of payment, public comment period was September 26-November 28, 2003. Three public hearings were held throughout the state. Implementation expected after January 2004 pending OSEP approval.
- The Finance Task Force will continue to meet until the remaining stakeholder recommendations related to finance are addressed. These are focused on ensuring that individualized service decisions are facilitated and not impeded by the system's finance structure. The Task Force will be reconvened pending the establishment of the Central Management Office.
- During SFY 2003, Medicaid revised rates were reviewed and adjusted as appropriate.
- Monitoring, technical assistance and training of approved early intervention Medicaid providers were conducted in 2002 by Maximus and reported to DHSS for review and follow-up. This will continue to occur annually.
- Central Management Office data related to IFSP service payer will document an increase in variety of payers including third payers.
- By August 2002, the Finance Task Force will submit recommendations on rate setting to DHSS.
- Quarterly workgroup meetings are conducted with key SEMI partners and recorded through minutes.
- As of November 2003, twenty-six new agencies are contracted to provide early intervention services statewide.

4. Projected Targets (July 1, 2003 – June 30, 2004)

- Twelve regional required orientation trainings are scheduled for SFY 2004.

- EIMIS data related to IFSP service encounters will document that IFSPs are being implemented as written. Initial data will be available for review as of June 2004.
- The monitoring system will verify that IFSPs are individualized and being implemented as written.
- During SFY'04 target evaluation team members will receive training and technical assistance on evaluating and assessing a child when Autism is present or suspected.
- NJEIS provider agencies and practitioners will be provided a tool to self-assess their ability to meet the "nationally identified components of effective practice" for programs serving children with autism.
- By spring 2004 a rubric will be drafted that assess a service provider's ability to meet the "8 nationally identified components of effective practice" for programs serving children with autism.
- The autism project specialist and the CSPD team will develop a statewide training to increase competence in measuring outcomes identified by the IFSP. Implementation of this training is scheduled for late 2004.
- During SFY'04, service coordinators will continue to receive training on autism spectrum disorders.
- During SFY'04, in response to specific identified agency needs, direct service personnel from specific agencies will receive in- depth training from the Autism Project Specialist on supporting families of children with an ASD.
- Establishment of fee-for-service contracts will continue to increase the availability of EIP providers in the delivery of IFSP services using statewide rates.
- During the 03-04 year the Autism Project Specialist will consult with teams prior to and/or attended IFSP meetings regarding procedures related to the EIS Service Guidelines for children with autism spectrum disorders.
- To ensure continued compliance state monitoring staff will review IFSP services monthly and initiate immediate corrective action as needed.

<p style="text-align: center;">5. Future Activities to Achieve Projected Targets/Results July 1, 2003 - June 30, 2004 and ongoing</p>	<p style="text-align: center;">6. Projected Timelines and Resources July 1, 2003 - June 30, 2004 and ongoing</p>
See GS.IV for activities to implement orientation learning opportunities.	Ongoing
NJ will implement procedural changes in how and when family assessments are completed. During the family information gathering meeting (FIG), with parental consent, families may choose to share information about their child and family, including their strengths and resources for meeting their child's needs as well as topics and areas about which they would like to receive information and/or assistance.	November 2003 Service coordinators
IFSP service data will be available through the CMO SPOE software and claims information.	Ongoing DHSS-EIS, REICs, and CMO
A rubric will be developed to assess a service provider's	July 2004

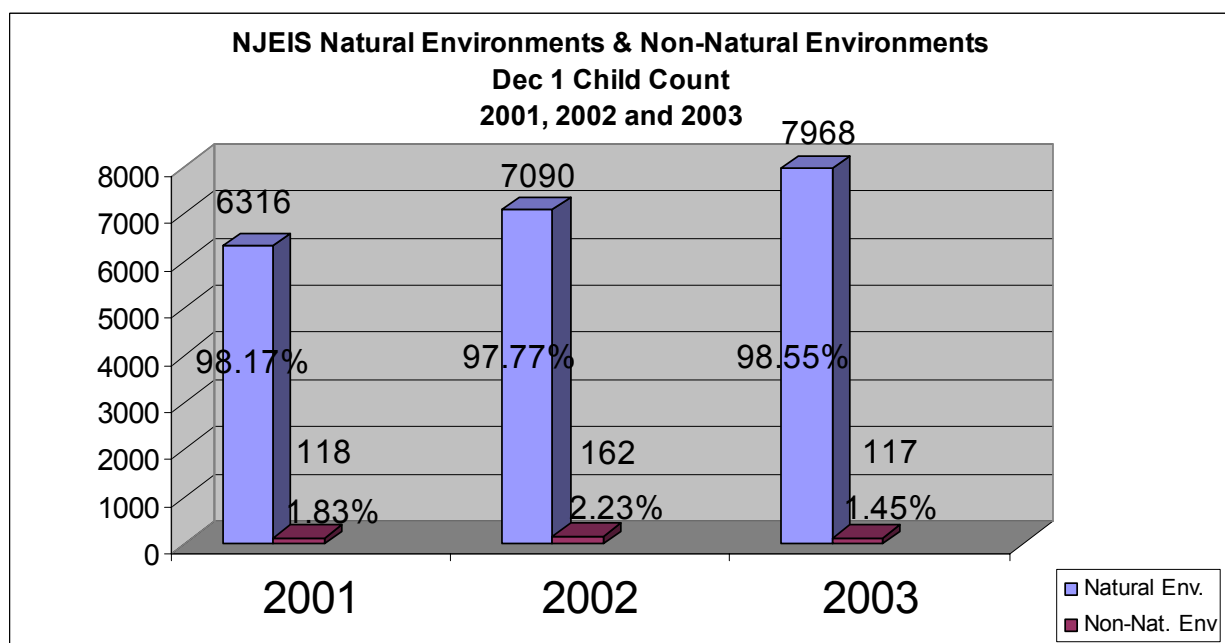
<p style="text-align: center;">5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing</p>	<p style="text-align: center;">6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing</p>
ability to meet the “nationally identified components of effective practice” for programs serving children with autism.	Autism Project Specialist
NJ will revise the statewide IFSP form to streamline procedures and information gathering for families, to assist in designing individualized IFSPs that link to children’s needs and family’s CPRs and to facilitate accurate documentation for program monitoring.	June 2004 State REIC CSPD
IFSP service data will be reviewed periodically.	Ongoing on a monthly basis DHSS-EIS, REICs and SCHS-CMUs
Based on periodic monthly review of IFSP service data, improvement planning will be developed and implemented as needed.	Ongoing as necessary DHSS-EIS, REICs and SCHS-CMUs
In the event compliance issues are identified, corrective action plans will be developed and implemented.	Ongoing as necessary DHSS-EIS, REICs and SCHS-CMUs
Statewide family surveys will be administered to obtain base line information including activities.	June 2004 REICs

Performance Indicator CE.IV:

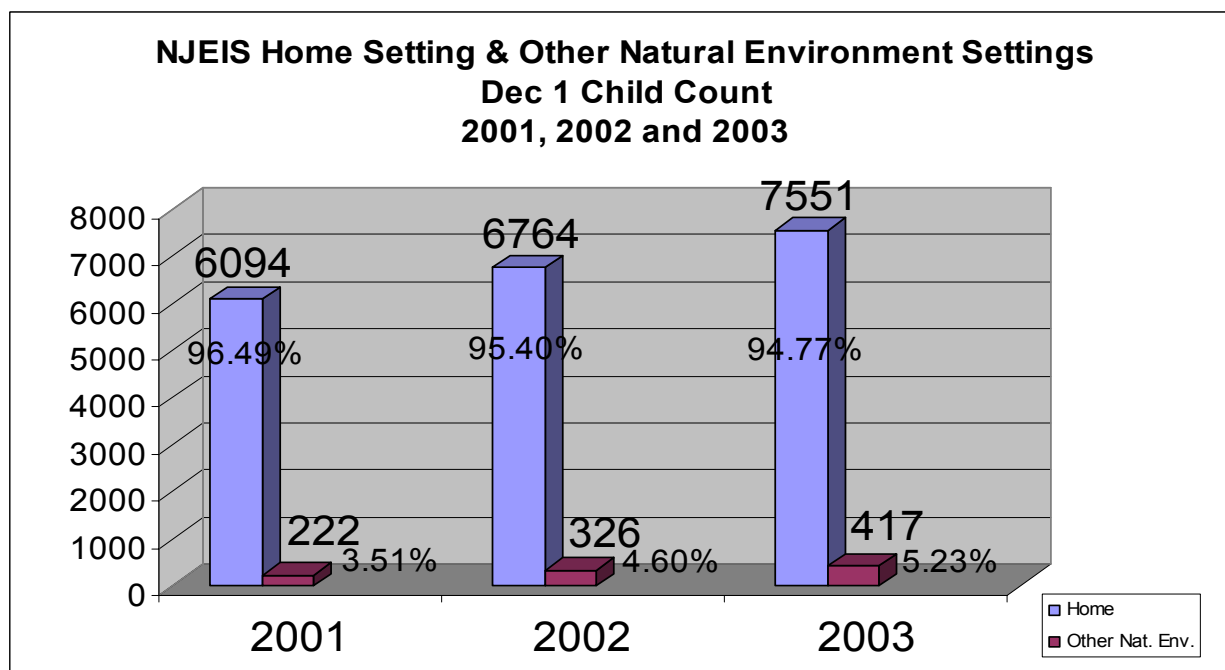
Children are receiving services primarily in natural environments and IFSPs justify any early intervention services not provided in natural environments.

1. Baseline/Trend Data

- In SFY 1998, DHSS led the State through a significant systems change to help ensure that early intervention services are provided in a variety of natural environment settings.
- OSEP observed that service coordinators and providers make great efforts to offer flexible scheduling for families, including evenings and weekends.
- DHSS continues to provide representation to the MAP to Inclusive Child Care Partners Team in order to facilitate appropriate interagency referral and availability of inclusive opportunities for children and their families. This team is providing resources and information to the NJ Dept of Human Services for ongoing review of the licensing manual for center- and home-based child care settings regarding the inclusion of young children with disabilities.
- NJEIS is a partner in the Build initiative that is designed to help build early childhood care and learning approaches in the state, focused on children birth through age five.
- All IFSPs that are written with services provided in other than natural environments must be submitted to the REICs for review of justifications and technical assistance as needed.



NJEIS Natural Environments & Non-Natural Environment: This table illustrates how well the NJEIS is doing in meeting the natural environment requirements.



NJEIS Home Setting and Other Natural Environments Settings: This table shows a comparison of services planned to be provided in the home according to the IFSP versus other community settings. This does not reflect when services planned in the home are occasionally provided in other community settings such as parks, grocery store, libraries etc.

2. Targets (July 1, 2002 – June 30, 2003)

- By April 2002, regional networking meetings will be held to present the Memorandum of Understanding among the Department of Education (Office of Special Education), Head Start, and Department of Health and Senior Services -Early Intervention System and facilitate successful implementation of local collaboration will occur.
- The State Interagency Coordinating Council (SICC) Interagency Committee will review interagency programs and services to identify resources, barrier, and gaps to effective early intervention services in a variety of natural environments.
- By December 2002, at least 6% of IFSP services provided in natural environments will be in other than home.
- NJEIS will support preparation and submission of the National Infant and Toddler Child Care Initiative proposal funding by the Federal DH&HS Child Care Bureau.

3. Explanation of Progress or Slippage:

- By April 2002, regional networking meetings to present the Memorandum of Understanding among the Department of Education (Office of Special Education), Head Start, and Department of Health and Senior Services -Early Intervention System were held to facilitate successful implementation of local collaboration.
- The December 2002 data documented that 4.59% of the services provided in natural environments were provided in other than the home and December 2003 documents 5.23%. This does not reflect when services planned in the home are occasionally provided in other community settings such as parks, grocery store, libraries etc. Therefore, NJEIS does not find that this data accurately portrays the extent to which services may be provided in other community settings.
- New Jersey was selected as a participating state in year one for the National Infant and Toddler Child Care Initiative funding by the Federal DH&HS Child Care Bureau.

4. Projected Targets (July 1, 2003 – June 30, 2004)

- NJEIS will continue to ensure that IFSP services are provided in natural environments as appropriate to the needs of the child in accordance with Part C.
- NJEIS will continue to increase the percentage of IFSP services provided in natural environments other than the home including Early Head Start and family and center based child care.
- NJEIS will support preparation and submission of a MCH grant proposal for developing the Early Childhood Comprehensive Systems (ECCS) Grant.

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
Provider agencies will include in self-assessment strategies to increase IFSP services in community settings.	DHSS REICs EIPs SCHS-CMUs

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
DHSS participates in the ongoing collaboration of the MAP to Inclusive Child Care Partners Team and provides technical assistance to components of the service delivery system for young children statewide when issues arise about including children with special needs in child care settings.	Ongoing DHSS (MCH, SCHS, EIS) DOE-OSEP Council on Developmental Disabilities (CDD) MAP Team Family Support Councils
Participate with Build NJ: Partners for Early Learning.	Ongoing through
Participate in ECCS activities.	Ongoing DHSS
Participate as a state team member in the NITCCL.	Ongoing through September 2004
Family Intake/Assessment will be revised to include asking families about child care needs.	DHSS REICs Family Assessment Workgroup

Performance Indicator CE.V

Children participating in the Part C program demonstrate improved and sustained functional abilities.

1. Baseline/Trend Data

NJEIS does not have baseline/trend data because there has been insufficient capacity or resources to collect and provide outcome data.

2. Targets (July 1, 2002 – June 30, 2003)

- NJEIS will develop a plan to begin initial outcome data collection.
- NJEIS will adopt evidence based practices for providing services to children on the autism spectrum in order to improve functional outcomes for children and families.

3. Explanation of Progress or Slippage (July 11, 2002 – June 30, 2003)

- NJEIS focused on the development of an electronic data collection system as the priority in SFY 2003 in order to establish baseline data on all children and families. Complete demographic data essential to planning and implementing a specific criteria data collection needed for monitoring and evaluating child/family outcomes.
- NJEIS adopted Service Guidelines for Children with Autism Spectrum Disorders. The development of these guidelines considered general information about developing

measurable outcomes for all young children and how to fit outcomes into family daily routines and activities.

4. Projected Targets (July 1, 2003 – June 30, 2004)

- In SFY 2004, NJEIS will collect baseline data, through record review, on the number of IFSPs that address outcome achievement.
- Explore options and methodologies for assessing family outcomes, including review of the work and products from the ECO Center and the National Center on Special Education Accountability Monitoring (NCSEAM).

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
Establish a record review protocol and train reviewers to collect data from IFSPs.	By March 2004 DHSS CSPD Team
Conduct record review and analyzed data based on state selected criteria and random geographic selection that regional representation.	April 2004 DHSS CSPD TEam
NJEIS will closely monitor the work and products emerging from the ECO Center and the National Center on Special Education Accountability Monitoring (NCSEAM) in order to add current evidence based outcome strategies.	Ongoing DHSS Part C Steering Committee NECTAC

SFY 2004 Update

In April 2004, seventy-six IFSPs were reviewed as a component of a record review pilot.

- Activities and Outcome Achievement
 - Forty-three IFSPs had complete data on achievement of child outcomes. This represented IFSPs that were in place more than six months. Thirty-three IFSPs from the original group reviewed had not been in existence for six months and were not reviewed for outcome data. Of 108 outcomes reviewed, thirty were achieved and the other outcomes were still in progress.
 - Context of outcomes and activities: Record reviewers ranked 163 outcomes on the IFSPs of 76 children on a five point scale with 1 being “outcome is not necessary for development and activities limited” and 5 being “outcome is necessary for development and activities included in daily routines.” The mean rating for 163 outcomes was 3.6.

- Family roles: 163 outcomes on the IFSPs of 76 children on a five point scale with 1 being “strategies exclusive to interventionist with no family or natural caregiver” and 5 being “strategies clearly support intervention by natural caregivers” The mean rating for 163 outcomes was 3.2.
- Link between concerns and outcomes identified 334 family concerns on the IFSPs for 76 children. They also identified 183 concerns are clearly addressed in an outcome statement. The mean rating for concerns that have outcomes to address them was 60.28%.
- Family Outcomes: Of the 75 IFSPs reviewed, 27 identified family outcomes. This results in 36% of IFSPs reviewed contained family outcome. The CSPD team will be discussing these findings and identifying if this percentage is reflective of family choice or need for technical assistance to better address family outcomes.
- Link between outcomes and concern of the 206 outcomes identified on the IFSPs of 76 children, 149 of those outcomes related to family concerns. The mean rating for outcomes that had concerns related to them was 74.65%.
- Link between outcomes and identified activities/strategies of the 75 IFSPs reviewed, 72 identified activities/strategies for child outcomes. This results in 96% of IFSPs reviewed contained activities and strategies for outcome achievement.

Cluster Area CV: Early Childhood Transition

Federal Requirements that Address Compliance

34 CFR § 303.148 Transition to Preschool Programs

34 CFR § 303.344 Add service coordination requirements

34 CFR § 303.23(b) (7) Service Coordination; facilitating the development of a transition plan

34 CFR § 300.132 Transitions of Children from Part C to Preschool Programs

State Goal

All children exiting Part C receive the transition planning necessary to support the child’s transition to preschool and other appropriate community services by their third birthday.

OSEP Identified Areas of Non-Compliance (2001 Monitoring Report)

- Steps in Transition Planning Not included on IFSPs
- Transition of Children with Disabilities from Part C to Part B Is Ineffective

Performance Indicator CT.I

All children and families have access to timely transition activities that assist in ensuring that needed supports and services are available by the child’s third birthday.

1. Baseline/Trend Data

The 2001 OSEP Monitoring Report included the following statements:

- Part C Report-Areas needing improvement include: (1) regional monitoring findings related to transition are not reported to the State in a timely fashion; (2) transition

planning conferences are not consistently convened in a timely manner throughout the State; (3) activities to support the child and family in transition are not included in the IFSPs; and (4) training for non-English speaking families about transition is needed.

- Part C OSEP Monitoring reported:
 - DHSS has not ensured that transition planning is implemented for each child and family according to Part C requirements.
 - DHSS has plans in place to provide system-wide training and technical assistance to families regarding transition.
 - At the time of Soap's visit, both DHSS and NJSDE were monitoring local transition processes but did not share their findings or improvement plans with each other.
 - DHSS and NJSDE staff reported to OSEP that they hope to develop methods to conduct joint on-site monitoring activities so that both State agencies, together, could provide guidance to local early intervention programs and school districts. DHSS and NJSDE staff also expressed a need to develop a mechanism to track referrals from Part C to B to ensure that smooth transitions are occurring.
 - OSEP found through interviews with parents, Part C and B administrators, service coordinators, and service providers that DHSS has not ensured that children and families are experiencing a smooth and effective transition to Part B because transition planning conferences are not held at least 90 days before the child is eligible for preschool services.
 - In all four counties visited for Part C, OSEP found that procedures were not in place to involve local education agency personnel in the preschool transition process, including the 90-day transition planning conference. Service coordinators, parents, service providers, interagency representatives, administrators, and regional staff confirmed problems with transition during interviews with OSEP.
 - In one area OSEP visited, 6 of the 12 local education agencies did not, although invited, participate in the 90-day transition meeting.
 - State Part C exit data from 1998 and 1999 are one indicator that timely transitions are not occurring prior to the child's third birthday. In these two years, 31% and 26% respectively of the children exiting Part C were awaiting final determinations for special education services at age 3.
 - The public forum participants corroborated the Self-Assessment report findings and added that Local Education Agencies often have separate procedures for transition and this can lead to a breakdown during transition because the Part C system may not be knowledgeable of the Local Education Agencies' procedures. In addition, service coordinators and service providers in one county reported that they believed the varying procedures of each local education agency for transition process inhibit the smooth transition from Part B to Part C. OSEP found that differences in personnel schedules also resulted in lack of local education agencies' involvement in transition planning meetings.
 - A system to ensure that children and families are prepared for transition in accordance with their IFSP is not yet in place. In three counties, service providers, service coordinators, parents, interagency representatives, and administrators reported that steps to prepare the child for their next preschool environment are not delineated on IFSPs. Soap's review of thirty-four records confirmed that IFSPs do not include these steps

- Regional staff stated that the early intervention providers and service coordinators do not have an adequate knowledge of the preschool special education service system or other community services so that individualized preparation for the child's next early childhood program can be implemented.
- DHSS and Regional staff stated that training and technical assistance for transition focuses on the procedures for transition and not on the preparation of the child and family.
- The IFSP team needs to develop unique steps outlined on each IFSP to ensure that families have the support and education they need to make transition smooth and effective.
- Part B OSEP Monitoring reported:
 - Part C and Part B staff reported inadequate coordination and communication between Part B and C personnel and State staff as significant impediments to a smooth early childhood transition. The need for better communication and collaboration has been identified at the State level by both Part C and Part B personnel and state staff are identifying new procedures to ensure better transition for children who are moving from Part C services to Part B services.

Family Survey Results

In fiscal year 2003 (July 2002-June 30, 2004), surveys were distributed to families in both English and Spanish at designated key points in time in the early intervention process. These surveys were part of a larger effort to document and assess family experiences and satisfaction in NJEIS. In particular, those surveys focused on measuring coordination of services and family-centeredness, including the availability of family supports.

Three of the four regions used a post card series based on a Yes/No response to document family experiences at key points in time (i.e. Intake, Evaluation, IFSP Development, Service Delivery, and Transition). The fourth region used a different instrument based on a Likert-type scale, to survey families at the time of evaluation. This region also partnered with Middlesex County Economic Opportunities Corporation (Early Head Start) to survey families in Middlesex County on family support, as well as UMDNJ Graduate School of Public Health to survey family's attitudes, beliefs and experiences about children with special needs.

Two regions surveyed families about the transition process:

- 97% of families who responded reported they received adequate support from early intervention in planning transition out of early intervention.
- 97% of families who responded reported they were given information about their family's rights during the transition process.

DHSS, as lead agency for Part C and the Department of Education, Office of Special Education for Part B, work collaboratively as a Transition Training Workgroup to provide training on the transition of children and families from Part C to Part B services. The workgroup includes the Part C CSPD Coordinator, the 619 Coordinator, trainers from the Part C REICs, family support coordinators from the REICs, and Regional Preschool Early Childhood Consultants from NJDOE. The Transition Training Workgroup is responsible for

the ongoing development of transition materials. Individual REICs and SPAN provide statewide transition to preschool training to families.

NJEIS Transition Collaboration

- DHSS and NJDOE staff has built an effective collaborative working relationship to improve transition practices throughout the State. For example, staff from both agencies co-present at training events about transition. Networking between the Regional technical assistance staff and Regional preschool special education staff is occurring. A Transition Task Force comprised of parents, advocacy organizations, local education agencies, early intervention providers, Head Start, and State staff worked over two years to produce a family information booklet "Welcome to Transition."
- Families receive the Welcome to Transition booklet & the Special Education Parental Rights Booklet through service coordination
- Trainings are provided to service coordination on Part B and Part C Procedural Safeguards
- SPAN provides trainings to families on parental rights and transition
- Joint training on transition began in October 1999 and continues ongoing.
- A review of all complaints, mediation, and due process requests from 2003 yielded no requests for mediation or due process related to transition filed with the Part C system in New Jersey
- NJEIS requires monthly data reporting on children exiting the system. This data is used to monitor whether children are referred to local school districts (LEAs) within the SEA established 120 timeline. Data is shared annually with the NJOSEP on a county breakdown for review with the LEAs. Data will be available on an LEA level under the new electronic data system.

Transition: Data

	SFY 2001	SFY 2002	SFY 2003
Total Number of Infants and Toddlers Served on December 1	6434	7252	8085
Total Number of Infants and Toddlers > 24 months and < 36 months On December 1	3808	4381	5028

The table below documents the number of children exiting the early intervention system at age three by SFY.

Exiting Category	SFY 2001		SFY 2002		SFY 2003	
	#	%	#	%	#	%
Number of Children Eligible for Part B, determined	2,237	65%	2,664	63%	2,699	58%
Referred within timelines to Part B, eligibility information not available	465	14%	534	13%	710	15%
Parent did not consent to referral	269	8%	439	10%	549	12%
Referred after 120 day timeline, eligibility information not available	144	4%	165	4%	203	4%

Found not eligible for Part B, with referrals to other agencies	214	6%	294	7%	306	7%
Found not eligible for Part B, with no referrals to other agencies	105	3%	154	4%	189	4%
Total Number of Children Exiting at Age Three	3434		4250		4656	

2. Targets (July 1, 2002 – June 30, 2003)

- Through the State Improvement Grant (SIG), all partners involved in the transition of children at age three will develop and disseminate high quality products.
- Through the General Supervision Enhancement Grant:
 - By July 1, 2002, DHSS will share State expanded Federal December 1 exit data with the Department of Education (DOE), OSEP and initiate plans for next steps.
 - By spring of 2003, a joint work group will establish parameters for data sharing between Part C & B to assist with transition using the Part C electronic database.

3. Explanation of Progress or Slippage

- By spring 2003 an initial meeting to discuss data sharing with DOE was completed. A second meeting with a data consultant was in July 2003. Meetings have occurred and a DOE feasibility study has been completed. A status report is available and will be shared with the Steering Committee through the 619 Coordinator by the March 2004 Steering Committee meeting.

4. Projected Targets (July 1, 2003 – June 30, 2004)

- As defined within the partnership agreement with the New Jersey Department of Education, Office of Special Education Programs, DHSS Early Intervention System will:
 - a) translate the early intervention parent manual, Welcome to Transition, into the ten most frequently used languages in the state; b) develop a user-friendly county information resource guide for service coordinators and case managers to be used with families during the transition process; and c) develop training materials and training video on the transition planning process
- A coordinated data management system that efficiently yields and organizes information to be shared by Part C and Part B regarding the effectiveness of the early childhood transition process will be developed and implemented.
- By SFY '04, quality indicators will be developed to enhance data collection that will be used to evaluate the strengths and areas of need for improvement of early intervention and special education programs and services
- By July 1, 2004, a revised IFSP process and form will be implemented statewide.
- Statewide focused monitoring in SFY 2004 will address transition as follows:
 - During Part C provider self-assessment and monitoring activities a minimum number of IFSPs for children in transition will be reviewed to determine if appropriate transition outcomes and activities are included; and
 - Exiting data ranked by REIC and county will be used to select on-site monitoring visits. A workgroup (with Part B- 619 involvement) will develop the process and tools. Members of the Part B Steering Committee will attend the Part C Steering

Committee after the collaborative workgroup completes its work. Members of the workgroup will share information between the two Steering Committees.

- Beginning in February 2003, six-month self-assessment reporting will include findings from review of IFSPs related to transition outcomes and activities.
- In SFY 2004, revisions to the self-assessment process will include procedures to report baseline data, ongoing activities and progress in the area of transition. REICs will continue to review and analyze of self-assessments.
- The implementation plan for comprehensive, monitoring process developed by DHSS will include IFSP review related to transition outcomes and activities.
- To ensure continued compliance, state monitoring staff will review transition data monthly and initiate immediately corrective action as needed.
- NJEIS will collect baseline data, through record review, on the number of IFSPs that address transition issues, the number of transition outcomes included in IFSPs, and the number of transition planning conferences conducted.

<p>5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing</p>	<p>6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing</p>
Revise and reprint <u>Welcome to Transition</u> booklet for families; translate into 10 most common languages used in NJ by families.	Collaboration between Parts C and B and this revision is fully funded by the federal State Improvement Grant, (NJDOE 2001-2005); expected publication December 2004.
Translate the <u>Welcome to Transition</u> booklet into 10 most common languages used in NJ by families.	Collaboration between Parts C and B and this revision is fully funded by the federal State Improvement Grant, (NJDOE 2001-2005); expected publication in all languages March 2005.
Develop audio-visual presentation materials for transition workshops and county resource guides for early intervention personnel, local educational agency personnel, and families.	Collaboration between Parts C and B and this revision is fully funded by the federal State Improvement Grant, (NJDOE 2001-2005); expected publication March 2005.
Members of the Part B Steering Committee will be invited to join the Part C Steering Committee at least one time per year to review exiting data, strategies and progress in improving transition from Part C to Part B.	At least annually Part B Steering Committee Part C Steering Committee
Establish a record review protocol and train reviewers to collect data from IFSPs.	By March 2004 DHSS CSPD Team

5. Future Activities to Achieve Projected Targets/Results July 1, 2003 – June 30, 2004 and ongoing	6. Projected Timelines and Resources July 1, 2003 – June 30, 2004 and ongoing
Conduct record review and analyzed data based on state selected criteria and random geographic selection that regional representation.	April 2004 DHSS CSPD TEam
Transition data will be reviewed periodically.	Ongoing on a monthly basis DHSS-EIS REICs SCHS-CMUs
Based on periodic monthly review of Transition data, improvement planning will be developed and implemented as needed.	Ongoing as necessary DHSS-EIS REICs SCHS-CMUs
In the event compliance issues are identified, corrective action plans will be developed and implemented.	Ongoing as necessary DHSS-EIS REICs SCHS-CMUs
Statewide family surveys will be administered to obtain base line information including activities.	June 2004 REICs

SFY 2005 Update

NJEIS was selected as one of six states to work with the staff of the Early Childhood Outcome Center to develop a General Supervision Enhancement Grant (GSEG) proposal that was submitted by SRI on our behalf. We are especially pleased to collaborate with the ECO Center because of their national leadership role in developing outcome measurement systems for young children with disabilities and their families. We expect that the experience of the ECO Center in identifying current and best practices in measuring outcomes for young children with disabilities will contribute to the success of our work in New Jersey.

The activities conducted through this grant are designed to enhance existing state outcome data collection on child and family progress to document program efficacy, while informing the system regarding policy decisions and improvement. New Jersey has been implementing a cohesive data collection system that will provide timely information on services provided to children and families as well as information on procedural compliance. The enhancement grant activities are planned to complement and synchronize with the data collection system and can be implemented contiguously with a newly designed competency-based training system for early intervention personnel.

ATTACHMENT 1
Cluster Area I: General Supervision
Dispute Resolution – Complaints, Mediations, and Due Process Hearings Baseline/Trend Data
(Place explanations to Ia, Ib, and Ic on the Table, Cluster Area I, *General Supervision*, Cell I, *Baseline/Trend Data*)

Ia: Formal Complaints

(1) July 1, 2002 - June 30, 2003 (or specify other reporting period: __/__/__ to __/__/__)	(2) Number of Complaints *	(3) Number of Complaints with Findings	(4) Number of Complaints with No Findings	(5) Number of Complaints not Investigated – Withdrawn or No Jurisdiction	(6) Number of Complaints Completed/Addressed within Timelines	(7) Number of Complaints Pending as of: <u>06/30/2003</u> (enter closing date for dispositions)
TOTALS	1	0	1	1	1	0

Ib: Mediations

(1) July 1, 2002 - June 30, 2003 (or specify alternate period: __/__/__ to __/__/__)	Number of Mediations		Number of Mediation Agreements		(6) Number of Mediations Pending as of: : <u>06/30/2003</u> (enter closing date for dispositions)
	(2) Not Related to Hearing Requests *	(3) Related to Hearing Requests	(4) Not Related to Hearing Requests	(5) Related to Hearing Requests	
TOTALS	3	0	1	0	0

Ic: Due Process Hearings

(1) July 1, 2002 - June 30, 2003 (or specify alternate period: __/__/__ to __/__/__)	(2) Number of Hearing Requests **	(3) Number of Hearings Held (fully adjudicated)	(4) Number of Decisions Issued after Timelines and Extension Expired	(5) Number of Hearings Pending as of: : <u>06/30/2003</u> (enter closing date for dispositions)
TOTALS	1	0	0	0

* NOTE: The complaint was filed concurrent with a request for mediation and the family opted to proceed through mediation as opposed to a complaint investigation. All concerns were resolved through mediation.

** NOTE: A request for a due process hearing was filed, however, the family subsequently discussed their concerns with the Procedural Safeguards Office and chose to withdraw the request after resolving their concerns through informal dispute resolution.

ATTACHMENT 2

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES**

New Jersey
State

July 1, 2002-June 30,2003
Reporting Period

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Federal Part C	\$13,700,354		Lead Agency Costs REIC Operations System Components (Procedural Safeguards, Child Find, CSPD, Family Support, SICC) Direct Services		Lead Agency, REIC, and System Components = \$3,305,958 Direct service budget (service coordination, evaluation/assessment, and IFSP services) = \$10,394,396
Federal* (Specify)					
MCH	\$500,000		Direct Services		
Medicaid Claiming	\$4,402,745		Direct Services		
State* (Specify)					
State Appropriations	\$40,681,000		Direct Services		
State MIS	\$900,000		Management Information System		
Family Revenue	\$43,862		Direct Services		

* Be sure to include all sources of Federal, State, and/or local programs, including: Maternal & Child Health (Title V), Medicaid, Developmental Disabilities, Head Start, TriCare, Part B, etc.

APR/SUBMISSION REQUIREMENTS: 2002-2003

OMB NO: 1820-0578 Expiration Date: 7/31/2004

ATTACHMENT 2

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES**

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
State Cost of Living	\$919,900		Direct Services		
Local* (Specify)					
Private/Charity	\$3,260,990		Direct Services		
Local Program	\$55,878		Direct Services		
City/County Govt	\$1,263,327		Direct Services		
State Govt	\$698,906		Direct Services		
Private Insurance, Fees	**				
Other(s) Non-Federal (Specify)					
Total Early Intervention Support	\$66,426,962				

** The NJEIS has a system for assessing family fees as well as optional access of private insurance/third party payers with parent consent. To date reporting of payments by third party insurance has not been required and the data is not accessible by the NJEIS.

This total amount is based on funds budgeted to meet total costs through DHSS lead agency spending and fiscal plans. Actual costs may vary based on actual expenditure reports submitted by contracted agencies that are subject to a single audit.